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REDUCING THE BURDEN OF CHRONIC DISEASE:

NEEDS OF THE STATES

October 1991

Association of State and Territorial Chronic Disease Program Directors

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FOREWORD

This publication, *Reducing the Burden of Chronic Disease: Needs of the States*, provides state-by-state information on five aspects of state health agency chronic disease programs—resource assessment, planning and evaluation, linkages, continuing education, and policies and standards. An executive summary which provides an overview of information from the full report is also available. Together, the reports highlight the role state health agency chronic disease programs play in preventing chronic diseases and the resources they will need to meet the challenges of the coming decade. The reports are based on the results of a survey of state chronic disease directors conducted for the Association of State and Territorial Chronic Disease Program Directors by the Public Health Foundation. Fifty states, the District of Columbia, Guam, and the Virgin Islands responded to the survey. The organizational description that appears on the first page of each state summary was provided by the state's chronic disease director.

We would like to thank the Centers for Disease Control and the National Cancer Institute for their generous support of this project. We are also indebted to the chronic disease work group members who spent countless hours developing the framework for the needs assessment and reviewing the draft reports. Finally, special thanks to the individuals in the state and territorial health agencies for their efforts in supplying data, and to George K. Degnon, ASTHO Executive Vice-President, for his insightful recommendations and advocacy.

David C. Momrow, M.P.H.
President
Association of State and Territorial
Chronic Disease Program Directors

James T. Dimas, M.P.A.
Executive Director
Public Health Foundation

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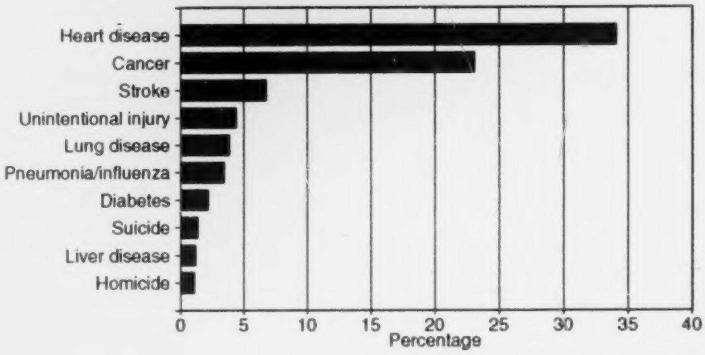
Chronic Disease — The Problem

The 10 Leading Causes of Death, as a Percentage of All Deaths, 1989 (Provisional)



Source: National Center for Health Statistics

Chronic diseases, such as heart disease and cancer, are responsible for the deaths of more than 1.5 million Americans every year. Many of these deaths are preventable. Factors affecting mortality from chronic disease include tobacco use, hypertension, high cholesterol levels, sedentary lifestyle, poor nutrition, and failure to use screening methods such as mammography and Pap testing.

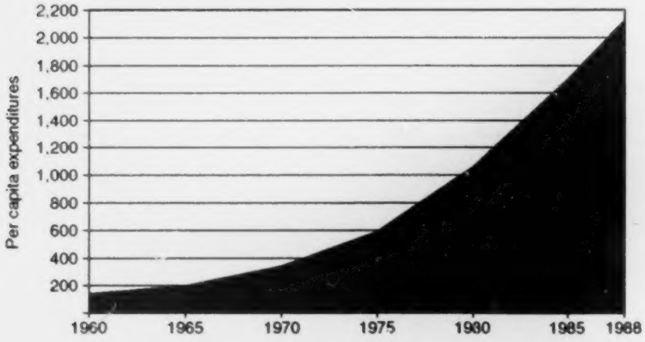
Tobacco use has been identified as the single most preventable cause of death in the U.S. Tobacco use is responsible for one out of every five deaths in the nation. While the number of cigarette smokers has decreased over the past 25 years, nearly one-third of adults continue to smoke.

Health care expenditures in the U.S. totaled $540 billion in 1988, according to the Health Care Financing Administration. This represents 11.1% of the nation's gross national product (GNP), or $2,124 per person. In comparison, health care expenditures totaled $27.1 billion in 1960 (5.3% of the GNP, $143 per person).

Lost productivity associated with illness and premature death compound the problem of rising health care costs. Recent studies estimate that cardiovascular disease alone costs the nation $135 billion annually, injuries $100 billion, and cancer $70 billion.

America spends more on health care than any other nation, yet its citizens lead shorter lives than people in other industrialized countries. Most of the money spent on health care in the U.S. is for treatment services, which have become increasingly sophisticated and costly.

Per Capita Expenditures for Health Care in the United States, 1960–1988



Source: Health Care Financing Administration

For example, the number of coronary bypass operations performed each year is approaching 300,000. Each operation is estimated to cost $30,000. Similarly, the estimated cost per patient for lung cancer treatment in just the first year is $29,000. Many of these operations and treatments could have been prevented with changes in lifestyle and early screening and diagnosis.

Although the scientific literature does not clearly demonstrate that breast cancer can be prevented, it can often be successfully treated if detected in the early stages. Studies have shown that deaths from breast cancer could be reduced by 30% among women aged 50 and older through the use of mammography and clinical breast examination. The cost of treating a patient in the early stages of breast cancer is half that of treating one whose cancer has spread.

The savings, in terms of both dollars and lives, that could be realized by preventing and controlling chronic diseases are substantial. Many Americans have already made important lifestyle changes, adding years to their lives. Many others, however, need help in making the changes or are unaware that changes even need to be made.

Role of State Health Agencies

State health agencies (SHAs) play a vital role in preventing chronic diseases in the U.S. population. According to the Institute of Medicine report, *The Future of Public Health*, "States are and must be the central force in public health. They bear primary public sector responsibility for health."

SHAs prevent premature death in a large portion of the U.S. population by ensuring that chronic diseases such as cancer and cardiovascular disease are detected in the early stages. Most SHAs provide or contract for screening services. Procedures such as mammography and the Pap test allow for certain cancers to be detected while they are still curable.

Likewise, screening for high blood pressure and high blood cholesterol, when followed up with the appropriate treatment, can significantly reduce mortality from heart disease and stroke.

Another strategy frequently used by SHAs to prevent chronic diseases is the establishment of coalitions to oversee the development of state plans which include public, professional, and patient education components. The coalitions are also effective advocates for increased program resources and initiatives such as clean indoor air legislation.

TOP STATE HEALTH AGENCY CHRONIC DISEASE PRIORITIES FOR THE 1990s

- CANCER
- CARDIOVASCULAR DISEASE
- TOBACCO
- DIABETES
- UNINTENTIONAL INJURIES
- MINORITY HEALTH

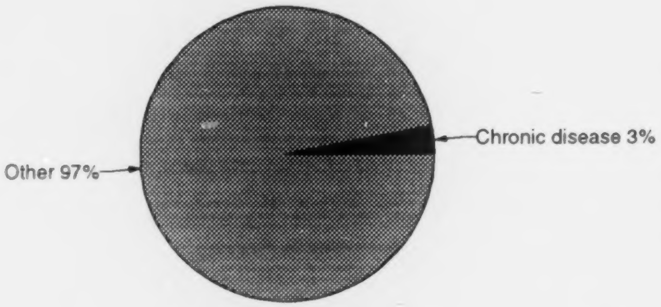
Source: ASTCDPD/PHF

State Health Agency Expenditures

SHAs spent a total of $9.5 billion in FY 1989, according to a Public Health Foundation survey. Expenditures for activities related to chronic disease, including prevention and control of heart disease/stroke, cancer, tobacco use, and unintentional injuries, amounted to $245 million—almost 3% of total SHA spending.

The California Department of Health Services accounted for nearly half ($114 million) of SHAs' total expenditures for chronic disease activities in FY 1989, with most of these funds coming from a state tax on cigarettes. The remaining $131 million was spent by the other 52 SHAs.

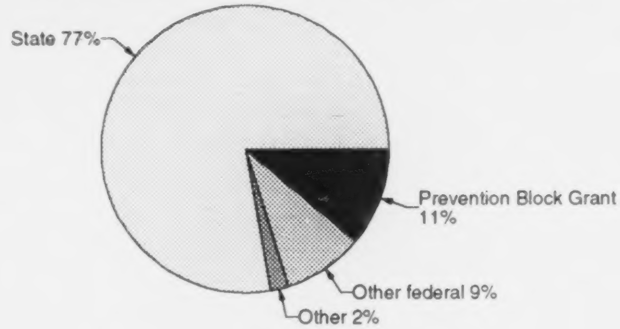
State Health Agency Expenditures, FY '89



TOTAL: $9.5 BILLION

Source: ASTCDPD/PHF

State Health Agency Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



TOTAL: $245 MILLION

Source: ASTCDPD/ PHF

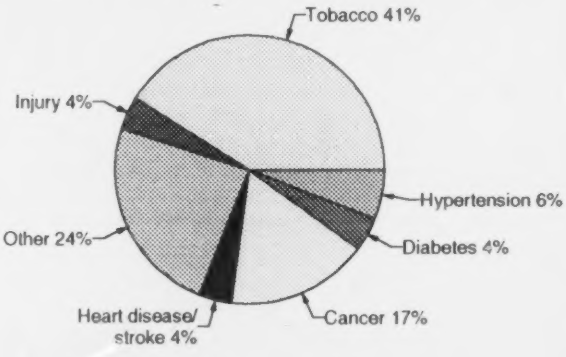
State funds accounted for more than three-fourths of SHA spending for chronic disease activities in FY 1989. Federal grants and contracts, the second largest source of funds, accounted for 20% of expenditures, over half of which was from the Prevention Block Grant.

Additional funding came from the collection of fees and reimbursements for services and other sources such as private foundation grants.

More than half of SHA chronic disease expenditures in FY 1989 were for tobacco use prevention and control and cancer prevention and control activities. Smaller amounts were spent for other chronic disease activities such as prevention and control of cardiovascular disease, injuries, diabetes, and arthritis.

A growing number of SHAs are implementing comprehensive risk reduction programs which address a multiplicity of diseases/risk factors. The expenditures for these programs are included in the "other" category since they cannot be allocated to a single disease or risk factor.

State Health Agency Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



TOTAL: $245 MILLION

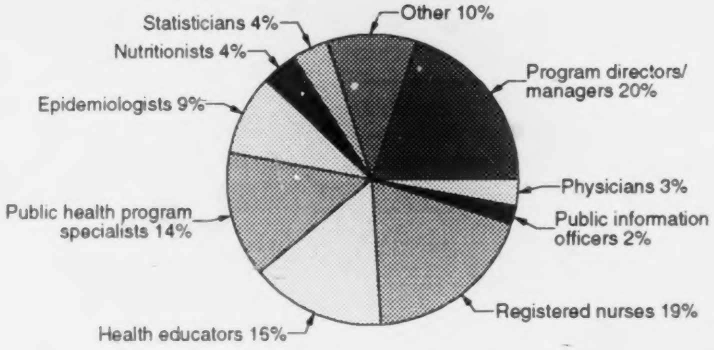
Source: ASTCDPD/PHF

State Health Agency Staff

SHAs employed almost 900 full-time equivalent (FTE) professional staff in their chronic disease programs as of October 31, 1990. Program directors/managers, registered nurses, health educators, and public health program specialists together comprised more than two-thirds of the total professional chronic disease program staff. SHAs also frequently employed epidemiologists, nutritionists, and statisticians in their chronic disease programs.

Some chronic disease programs received staffing support from other SHA programs such as maternal and child health, health promotion, and the state planning office.

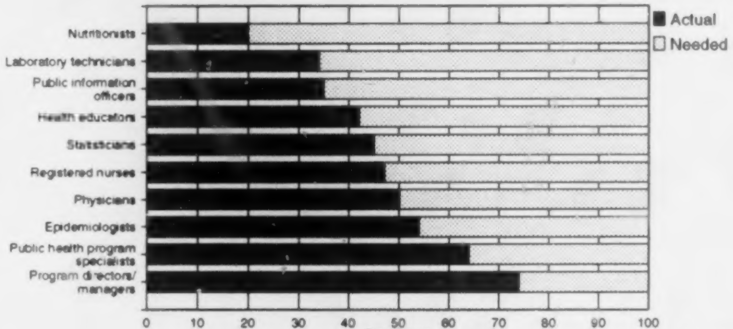
State Health Agency Chronic Disease Program Staff, by Occupation, as of 10/31/90



TOTAL: 889 FTE STAFF

Source: ASTCDPD/PHF

Professional Staff Currently Employed by State Health Agency Chronic Disease Programs Compared to the Minimum Needed to Meet the Objectives of the State Plan, as of 10/31/90



Source: ASTCDPD/PHF

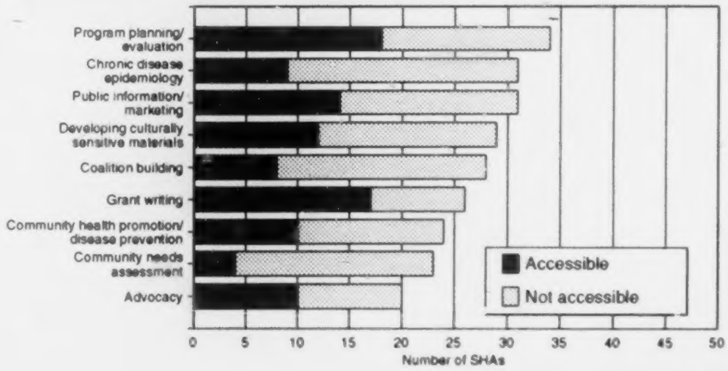
Chronic disease programs reported that the SHA would need to hire a substantial number of professional staff to meet the objectives of their state plan. In addition, since the time of this survey, several SHAs have been forced to reduce the number of staff they employ in chronic disease programs due to budget constraints.

The most understaffed occupation is that of nutritionist. Nationwide, the total number of nutritionists currently employed by SHAs in their chronic disease programs is only 20% of the minimum number needed.

Fifty-one SHAs reported that chronic disease staff need to refine their skills through continuing education. Respondents were asked to rank the need for each type of continuing education on a scale from 1 to 5, with 5 representing the greatest need.

The types of continuing education needed most (ranked as a 4 or 5) were program planning/evaluation, chronic disease epidemiology, and public information/marketing. In each case, continuing education was accessible, in terms of cost and location, to only about half of the SHAs reporting that their staff had a high level of need for it.

Accessibility of Continuing Education Most Needed by Chronic Disease Program Staff, as of 10/31/90



Source: ASTCDPD/PHF

How the Federal and State Governments Can Help

SHAs play a major role in planning, organizing, and sustaining efforts to reduce mortality associated with chronic diseases. When asked what support they need from the federal and state governments, most chronic disease directors cited funding, technical assistance, and training.

The most frequently cited need was funding. Every SHA indicated that increased funding is needed for expansion of programs to address the largely preventable burden of chronic diseases. Many chronic disease directors reported they would like to see more funding for comprehensive programs rather than an increase in categorical funding targeted to specific diseases or risk factors. Others cited a need for funding for specific efforts such as breast and cervical cancer screening, tobacco use prevention and control, heart disease, and elderly health care.

The need for technical assistance was reported by 31 chronic disease directors. Technical assistance needs ranged from assistance in developing surveillance systems to strategic planning and program evaluation.

Sixteen chronic disease directors reported that better training of public health professionals is needed. Some of the specific issues related to training included the need for developing training guidelines, systematic and comprehensive training, low-cost training for program staff, and regional training opportunities.

A Look to the Future

Reducing the costly and largely preventable burden of chronic disease has been a growing area of U.S. health policy since the mid-1970s. Many improvements have been made in the last decade. Death rates have declined significantly for three of the leading causes of death among Americans—heart disease, stroke, and unintentional injuries.

As we assess our ability to continue improving the health of all Americans, we must keep in mind that the demographics of our nation are expected to change significantly in the coming decade. By the year 2000, the American population will be older, with a median age of 36 years, compared to 33 years in 1990. The number of people over the age of 85 will have increased by about 30%. The number of people in minority groups—those traditionally burdened disproportionately by chronic disease—is also expected to increase. One particularly fast-growing group will be Hispanics, which the U.S. Census Bureau predicts will account for 11.6% of the U.S. population in the year 2000, compared to 9% in 1990.

Goals of improved health status and life expectancy for the U.S. population have been set in the recently released report, *Healthy People 2000*. Three broad goals are articulated in the report: 1) to increase the span of healthy life; 2) to reduce health disparities; and 3) to achieve access to preventive services for all.

A partnership of the public health and scientific communities, health care providers, community groups, politicians, and individual citizens is needed for these goals to be achieved. The American people will have to make difficult lifestyle choices such as quitting smoking, exercising more, and changing their diets.

To help Americans make these changes, increased emphasis on chronic disease control is needed. These changes include a range of activities from policy support (e.g., clean indoor air) to assuring access to preventive health care.

STATE SUMMARIES

Alabama

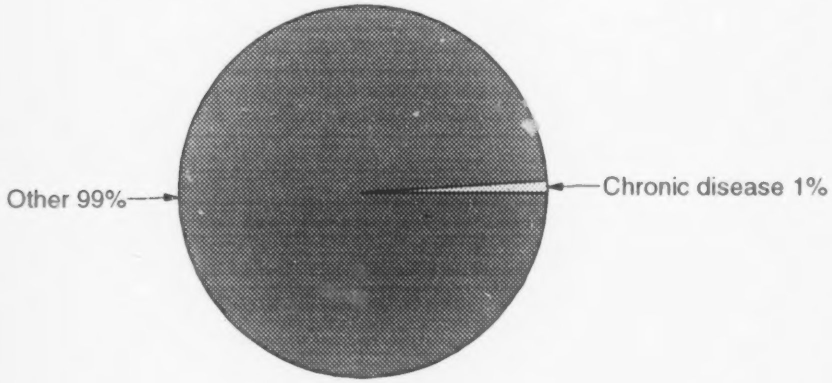
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco control
- Nutrition
- Cancer control
- Diabetes
- Hypertension

Organizational Description

Chronic disease activities are currently carried out by diabetes and hypertension programs in the Bureau of Disease Control and Rehabilitative Services. Services to the elderly and home bound are carried out by the Division of Long Term Care and Rehabilitation within this same Bureau. Additional chronic disease activities focused on smoking and community interventions for cholesterol reduction are located in the Office of Health Promotion and Information.

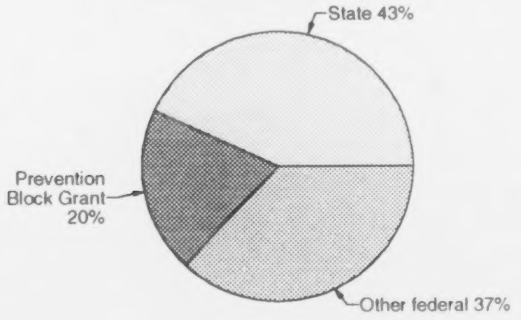
Total State Health Agency Expenditures, FY '89



TOTAL: $132 MILLION

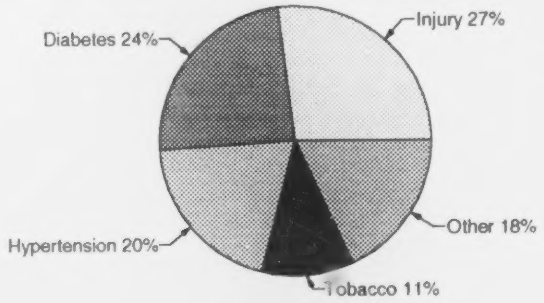
Alabama

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



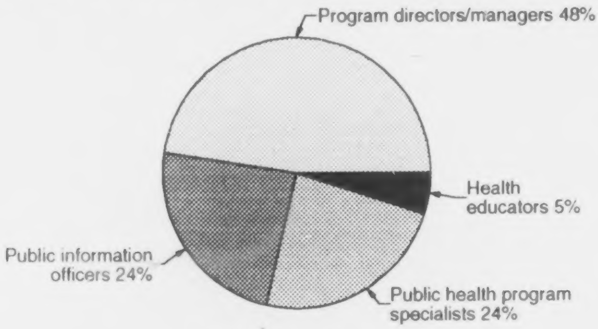
TOTAL: $925,968

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



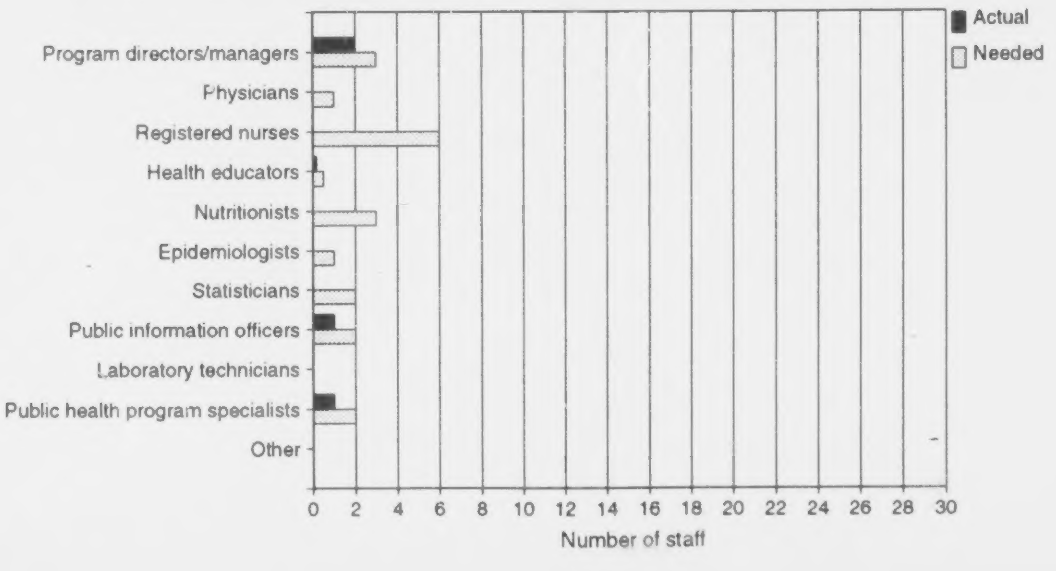
TOTAL: $925,968

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 4.2 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Alaska

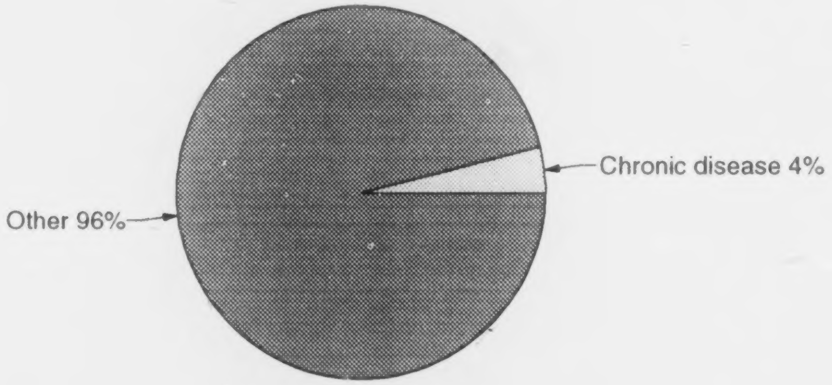
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Cardiovascular disease risk reduction
- Prevention of breast, cervical, and lung cancer
- Diabetes prevention and treatment
- Unintentional injuries
- Obesity

Organizational Description

The Division of Public Health, Department of Health and Social Services provides chronic disease activities for the state of Alaska. Organizationally, the Division of Public Health is structured into seven sections. The following sections have staff involved in some aspect of chronic disease prevention and control: Administration Section/Health Promotion Program; Emergency Medical Services Section; Maternal, Child and Family Health Section; Public Health Nursing Section; Section of Epidemiology and Section of Vital Statistics. These sections provide a variety of chronic disease activities such as: diabetes control, cervical and breast cancer detection within the family planning program, grants for community-based health promotion program, injury prevention and control, cardiovascular disease screening and education, and data-based cancer prevention and control.

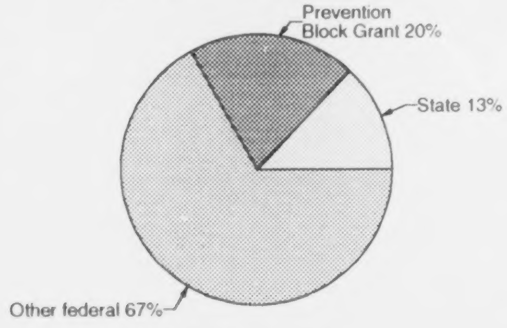
Total State Health Agency Expenditures, FY '89



TOTAL: $39 MILLION

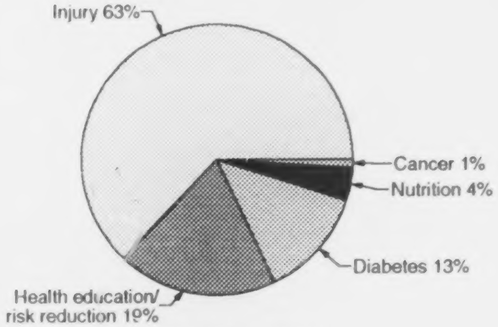
Alaska

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



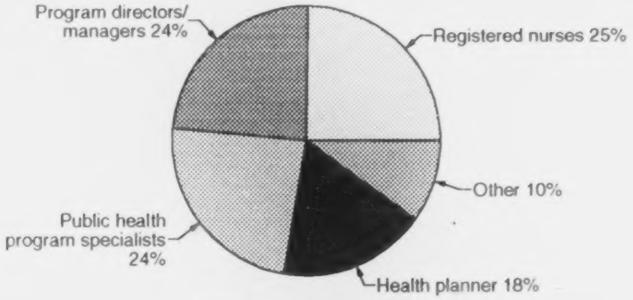
TOTAL: $1,510,199

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



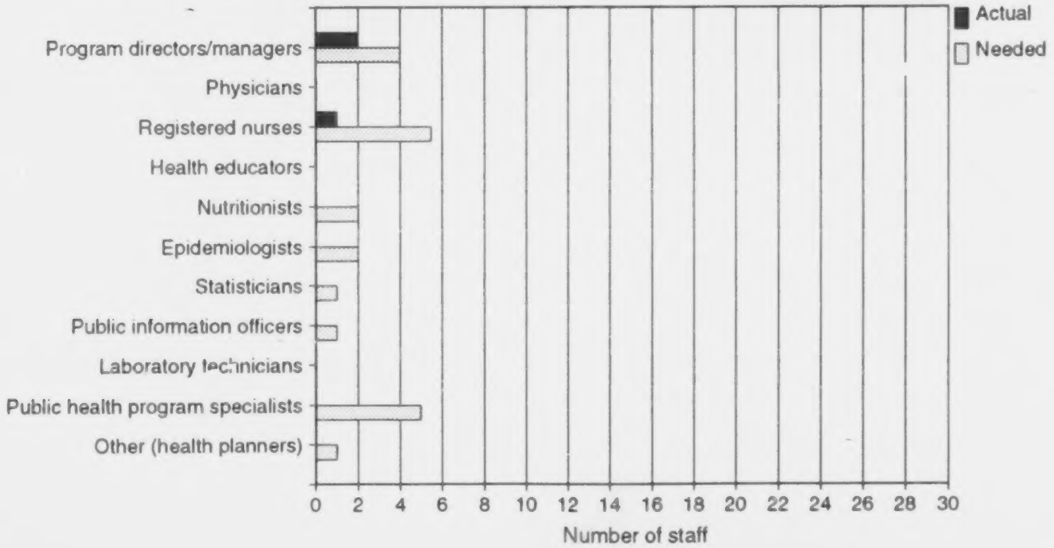
TOTAL: $1,510,199

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 8.45 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Arizona

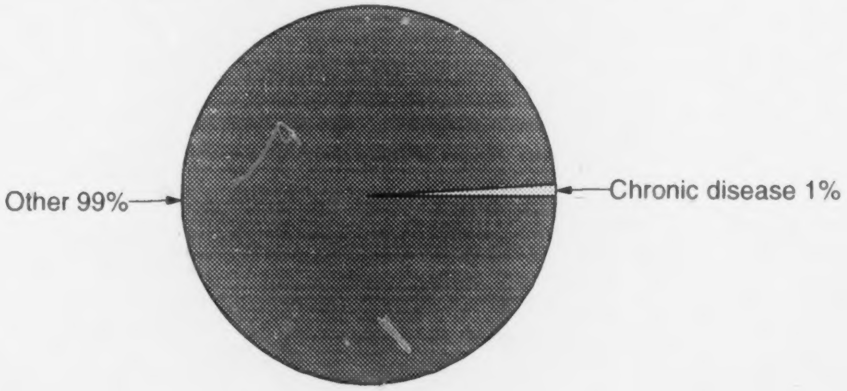
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco prevention and control
- Breast, cervical, and colorectal cancer screening
- Cardiovascular disease risk factor intervention
- Diabetes control in Hispanics and Indians
- Injury prevention

Organizational Description

Activities aimed at controlling chronic diseases are spread across a number of separate units within the Arizona health department: Vital Records, Chronic Disease Epidemiology, Dental Health, Health Promotion and Education, and Nutrition. Personnel within each unit are interested in expanding their programs to better address chronic diseases. However, commitments to existing programs and budgetary constraints seriously impede advancement into the areas of prevention and control. If significant progress is to be made, new staff and resources must be secured, and the existing, non-departmental coalitions encouraged. Areas of current attention include: nutritional control, cancer, birth defects, hypercholesterolemia, diabetes in Indians and Hispanics, tobacco control, arthritis, drowning, head and spinal injury, and Alzheimer's disease.

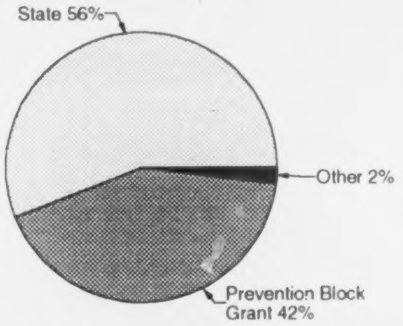
Total State Health Agency Expenditures, FY '89



TOTAL: $169 MILLION

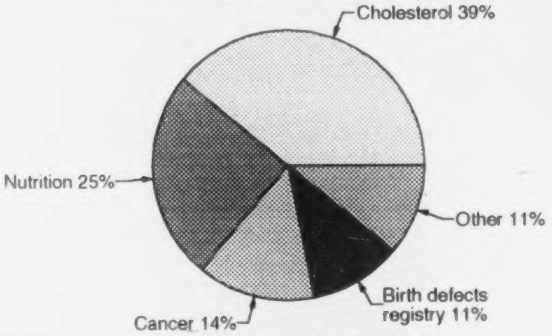
Arizona

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



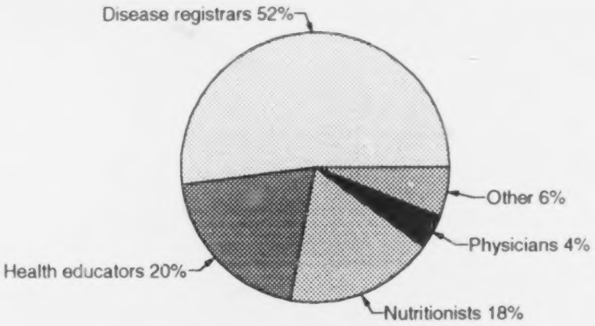
TOTAL: $1,743,335

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



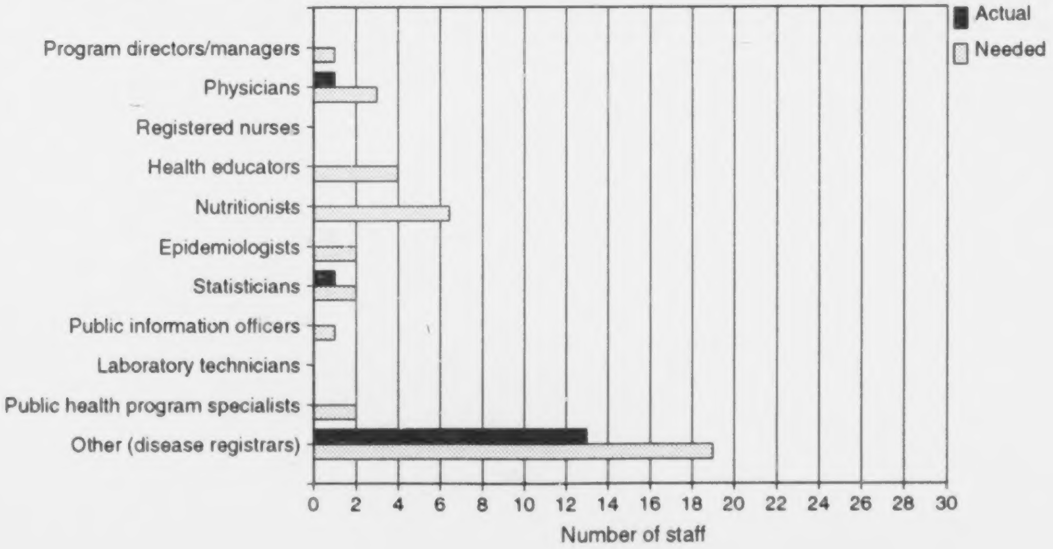
TOTAL: $1,743,335

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 24.95 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Arkansas

State Health Agency's Top Chronic Disease Priorities for the 1990s

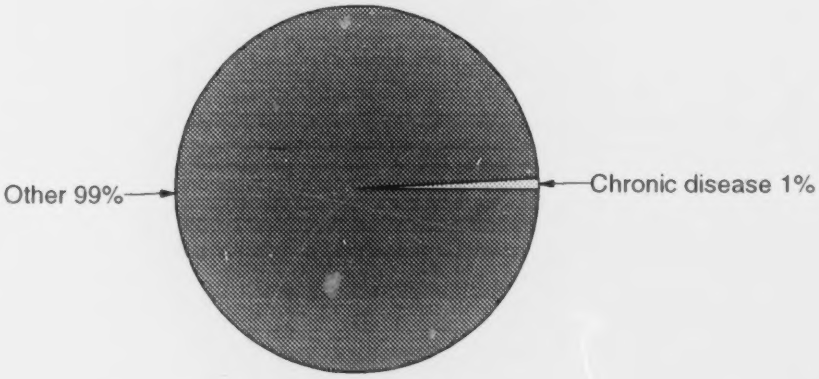
- Tobacco
- Cancer (cervical, breast, and lung)
- Cardiovascular disease
- Injuries and disabilities

Organizational Description

Chronic disease activities in the Arkansas Department of Health are centered in the Chronic Disease Office under the Bureau of Public Health Programs with epidemiological support from the Bureau of Health Resources. The Chronic Disease Office analyzes chronic disease problems in the state, sets policy for dealing with those problems, and works with the public to assure the problems have been appropriately addressed. One of the main focuses of the Office is coalition building. The major coalition targets tobacco control, with an emphasis on prevention.

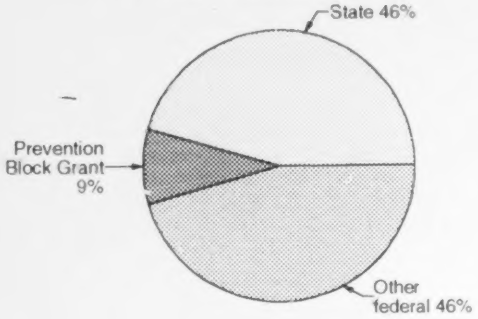
Additional support for chronic disease activities is obtained through the Bureau of Community Health Services. Field staff from the Bureau of Community Health Services deliver a limited number of services to high-risk populations. These services include mammography, pap smears, hypertension screening, and smoking cessation counseling. Funding limits the population field staff are able to serve. The Bureau of Health Resources also provides a health educator to implement the PATCH program (based on the CDC model "planned approach to community health").

Total State Health Agency Expenditures, FY '89



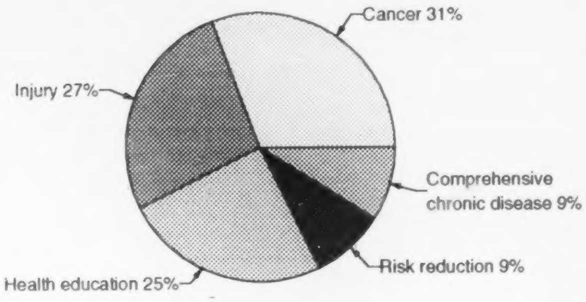
TOTAL: $84 MILLION

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



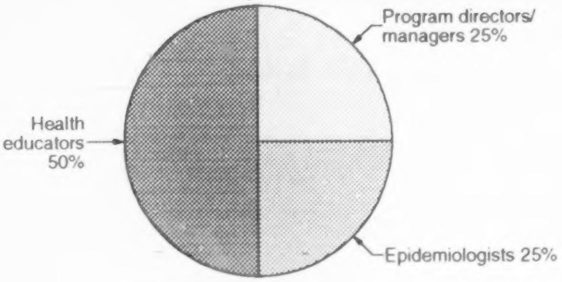
TOTAL: $553,779

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



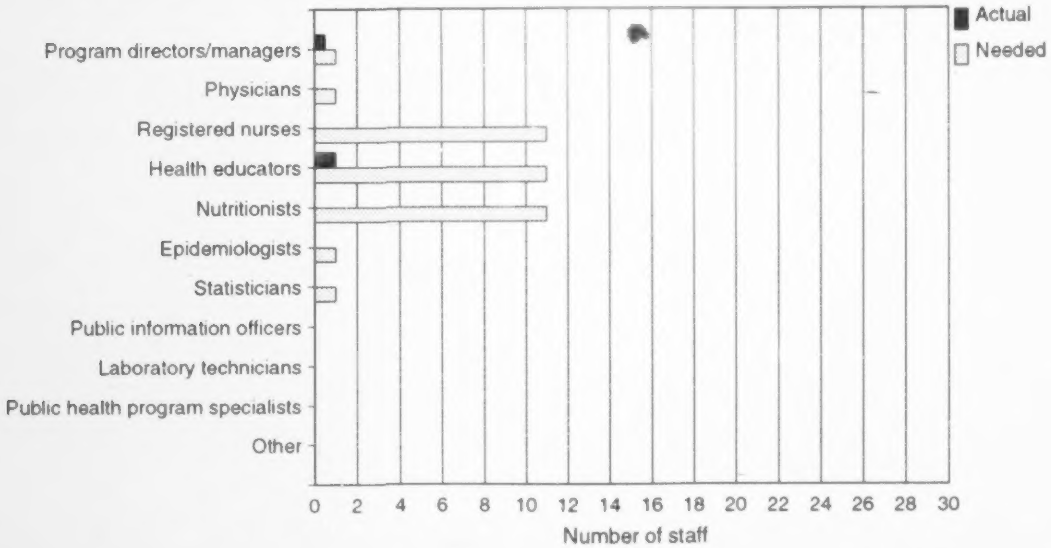
TOTAL: $553,779

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 2.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



California

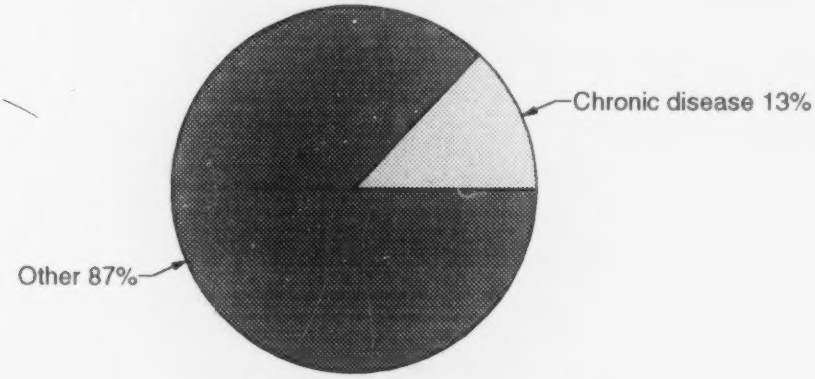
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Services for minorities
- Cancer (especially tobacco control)
- Nutrition/exercise/lifestyle and behavior changes
- Geriatrics
- Heart disease

Organizational Description

The California Department of Health Services has two Branches which deal with chronic disease prevention and control. The objectives of the Chronic Diseases Control Branch are to single out special high-risk groups in the State's population, including certain minority groups and selected chronic disease entities, and provide those groups with intensive, preventive activities. The objectives of the Disease Prevention and Health Promotion Branch are to develop prevention, intervention, and policy activities directed toward morbidity, mortality, and health risk behavioral programs. The Branches focus on cancer, cardiovascular diseases, diabetes, dental disease, Alzheimer's disease, diseases associated with aging; on general health promotion and injury control. They gather extensive epidemiologic data, conduct special studies, and apply findings to new intervention programs to prevent and ameliorate chronic diseases.

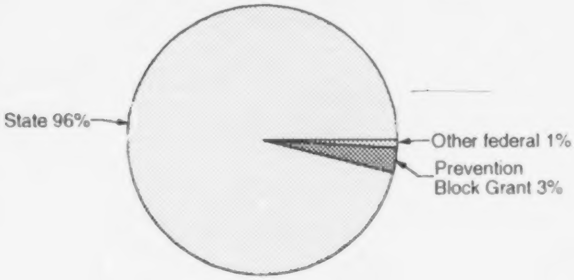
Total State Health Agency Expenditures, FY '89



TOTAL: $906 MILLION

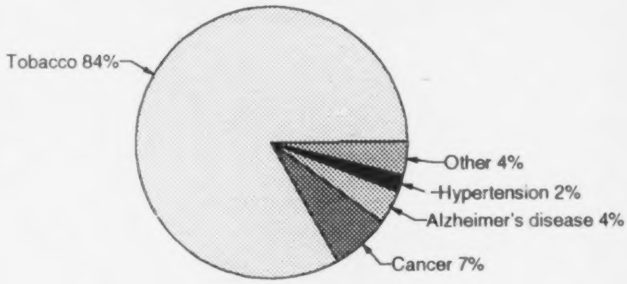
California

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



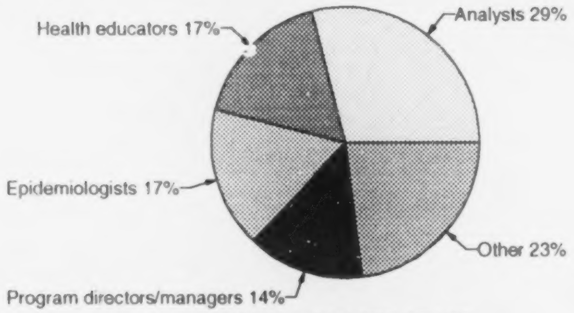
TOTAL: $114,093,489

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



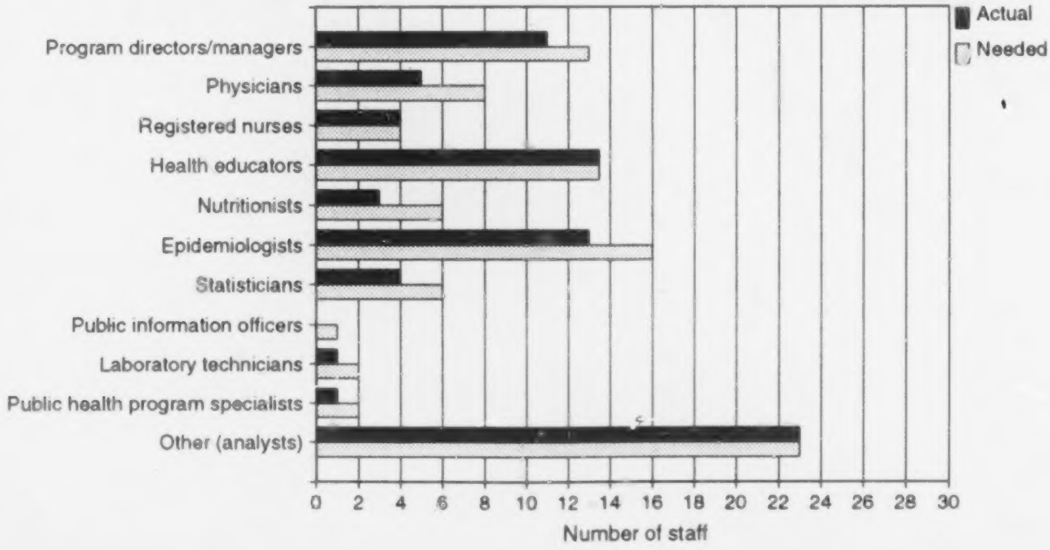
TOTAL: $114,093,489

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 78.5 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Colorado

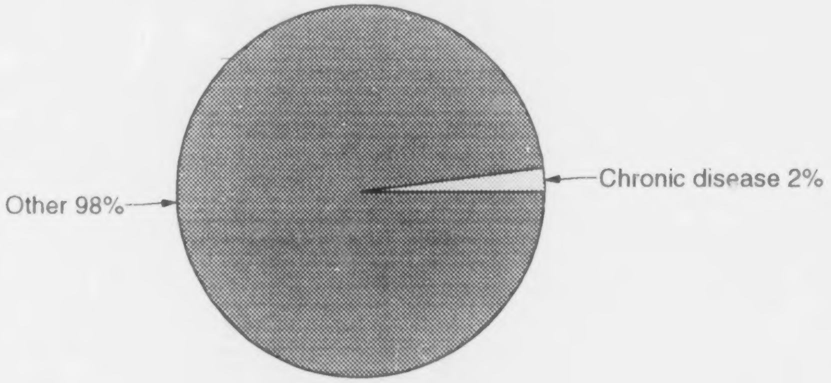
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco prevention and control
- Minority health
- Nutrition education
- Physical inactivity interventions
- Elderly health

Organizational Description

In the Colorado Department of Health, chronic disease activities are centered in the Division of Prevention Programs. The Division consists of an Administrative Unit, Chronic Disease Section, Colorado Action for Healthy People, and the Injury Control Program. The Chronic Disease Section contains four disease specific programs: Cardiovascular Disease Control, Cancer Control, Diabetes Control and the Colorado Central Cancer Registry. Colorado Action for Healthy People is a collaborative project governed by an independent board. CAHP initiates and supports local health promotion activities through community grants, training, needs assessment, and technical assistance. Collaborative projects are conducted with the Division of Vital Records and Health Statistics for injury, diabetes, and behavioral risk factor surveillance and the Division of Disease Control and Environmental Epidemiology for injury epidemiology.

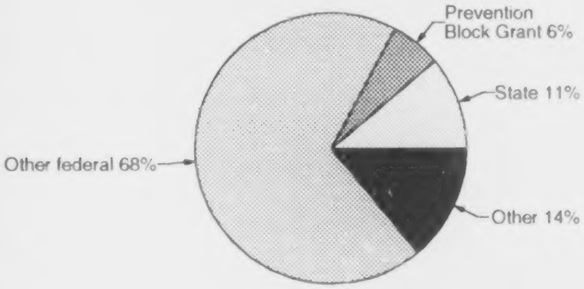
Total State Health Agency Expenditures, FY '89



TOTAL: $121 MILLION

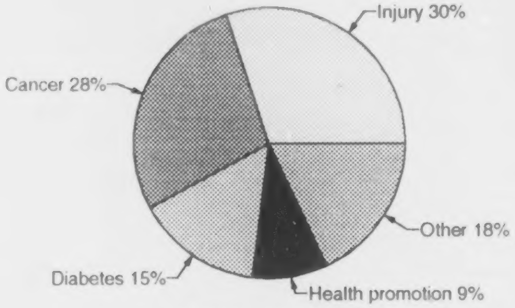
Colorado

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



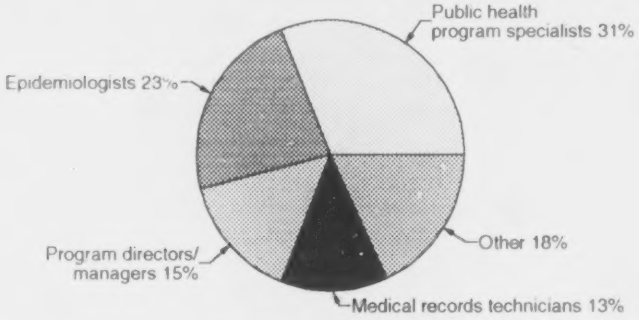
TOTAL: $2,442,926

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



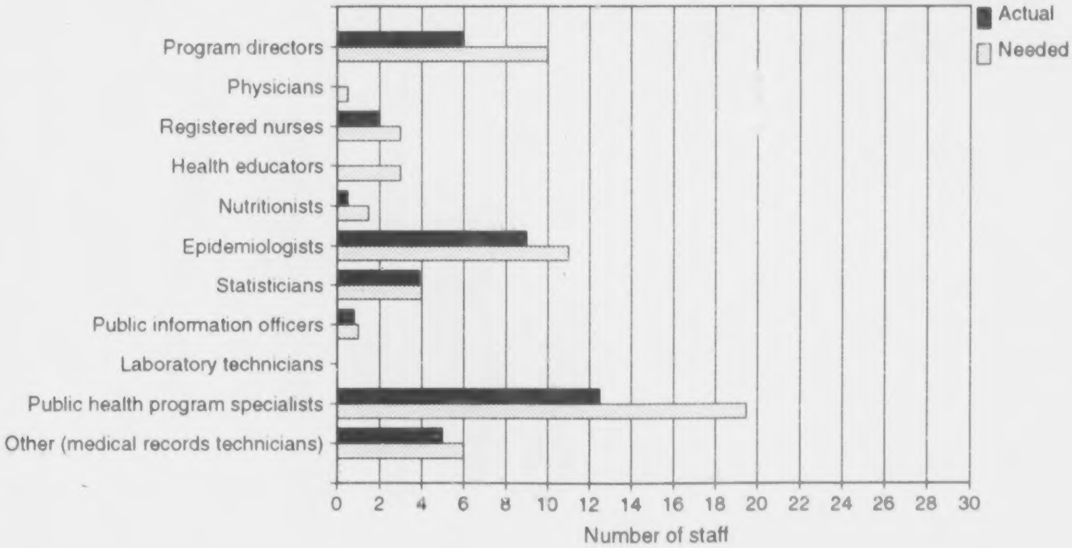
TOTAL: $2,442,926

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 39.7 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Connecticut

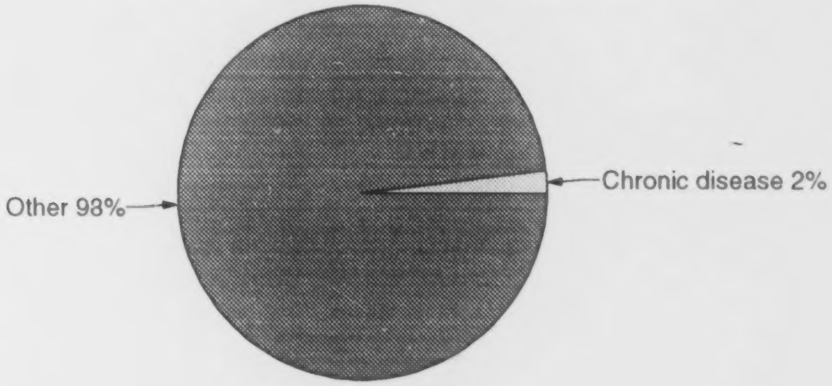
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Enhance chronic disease surveillance and epidemiology to better target and evaluate programs
- Target chronic disease activities to populations most at risk
- Aggressive promotion of anti-smoking, especially among youth
- Promotion of early detection of breast and cervical cancer
- Aggressive promotion of behavioral risk factor modification for the prevention of chronic diseases

Organizational Description

Connecticut's Center for Chronic Disease, Urban/Rural Health focuses on reducing death and disability from chronic diseases through the identification of modifiable risk factors (smoking, poor nutrition, high blood pressure and cholesterol, physical inactivity, and injury) that contribute to the early onset of cancer, heart disease, stroke, diabetes, chronic obstructive pulmonary disease, cirrhosis of the liver, and preventable injuries and the development of programs and resources to reduce those risks. Although the entire population is at risk, special emphasis is placed on the urban and rural centers of the state where excesses in chronic diseases are greatest. Center goals are addressed through 1) Chronic Disease Epidemiology (via teen and pre-teen health risk appraisals and the CDC-sponsored Behavioral Risk Factor Surveillance Survey), 2) Cancer Prevention and Control Programs (smoking cessation/prevention, diet modification, and early detection of breast and cervical cancer), 3) Connecticut High Blood Pressure Program, 4) Chronic Disease Prevention and Control Program, Health Education/Risk Reduction Program, and 5) Professional and Public Education and Training Programs.

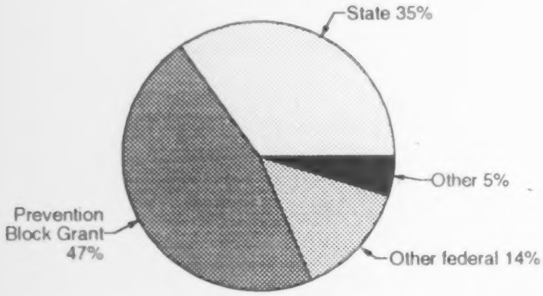
Total State Health Agency Expenditures, FY '89



TOTAL: $88 MILLION

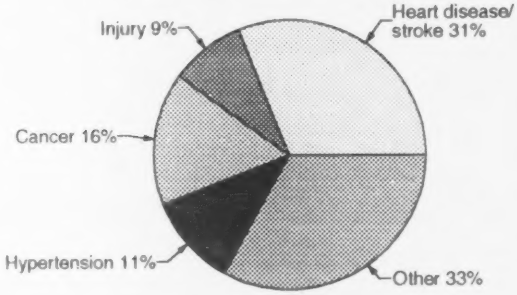
Connecticut

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



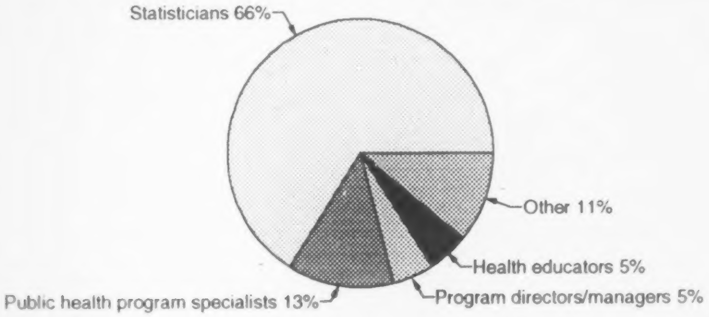
TOTAL: $1,330,897

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



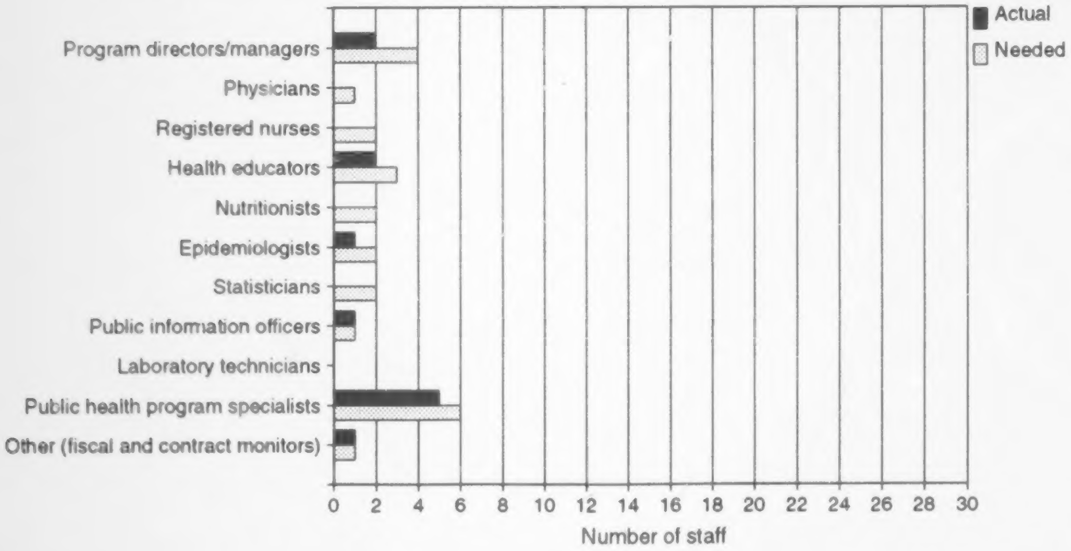
TOTAL: $1,330,897

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 39.25 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Delaware

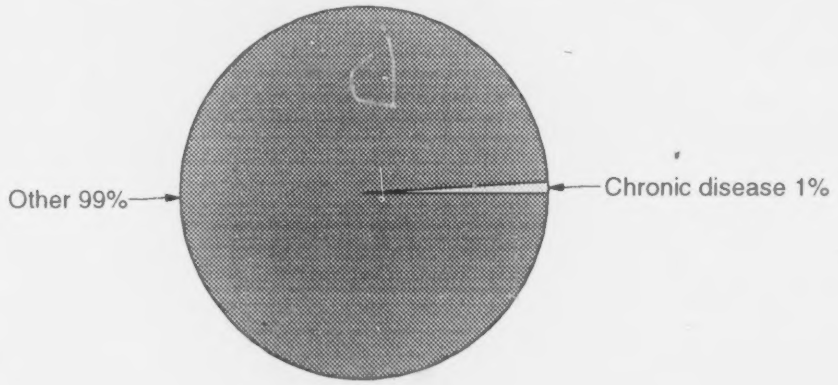
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Cancer control
- Diabetes control
- Minority health
- Injury prevention
- Cholesterol testing

Organizational Description

The Chronic Disease Branch is within the Bureau of Health Promotion and Disease Prevention of the Community Health Section of the Division of Public Health. The Division is the largest of eleven agencies in the Department of Health and Social Services. The major program areas for chronic disease include: cancer control, cardiovascular disease/diabetes, and chronic renal disease. The Tuberculosis Control Program is administered within the Branch, but not considered a chronic disease program. The State Tumor Registry is also administered in the Branch, and is closely tied to the Cancer Control Program. Tobacco control activities, while not addressed within a specific program, are coordinated through the Chronic Disease Branch. Department-appointed advisory committees serve the cancer, diabetes and chronic renal disease programs. State funds support all program areas except cardiovascular disease (primarily hypertension detection), which is funded by the Preventive Health and Health Services Block Grant.

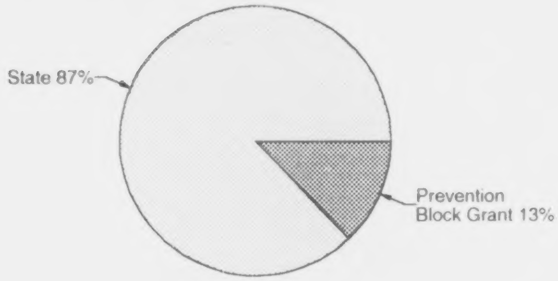
Total State Health Agency Expenditures, FY '89



TOTAL: $59 MILLION

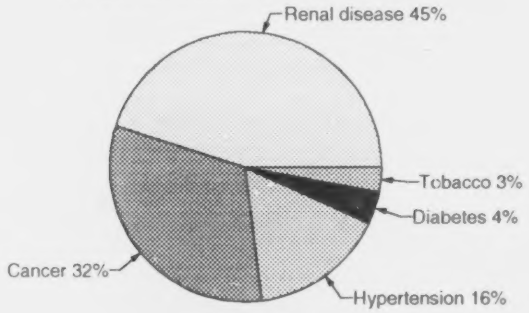
Delaware

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



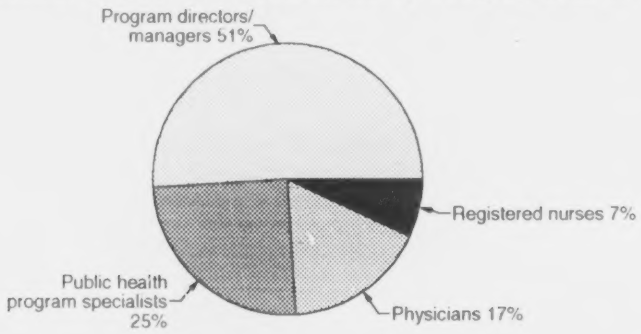
TOTAL: $580,891

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



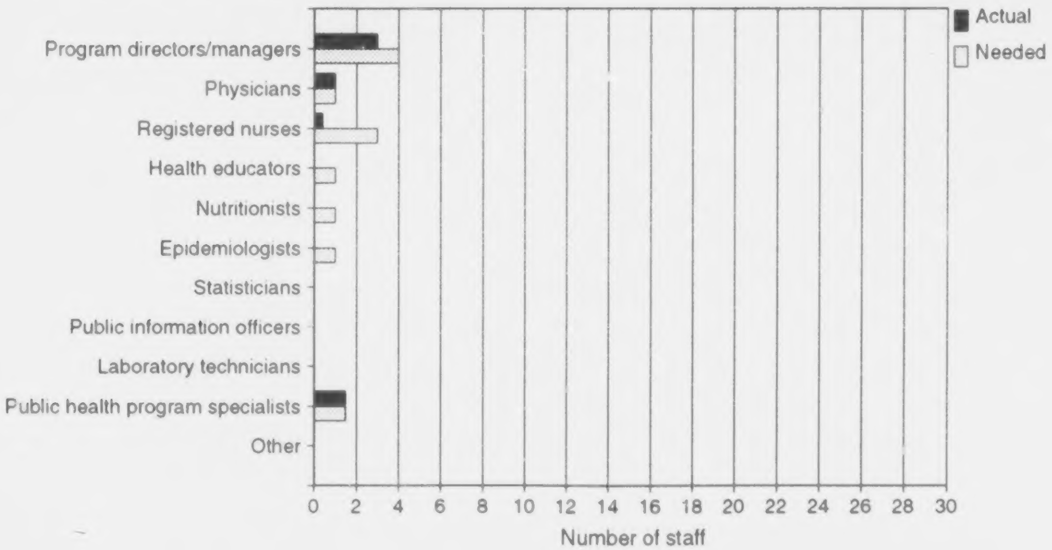
TOTAL: $580,891

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 5.9 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



District of Columbia

State Health Agency's Top Chronic Disease Priorities for the 1990s

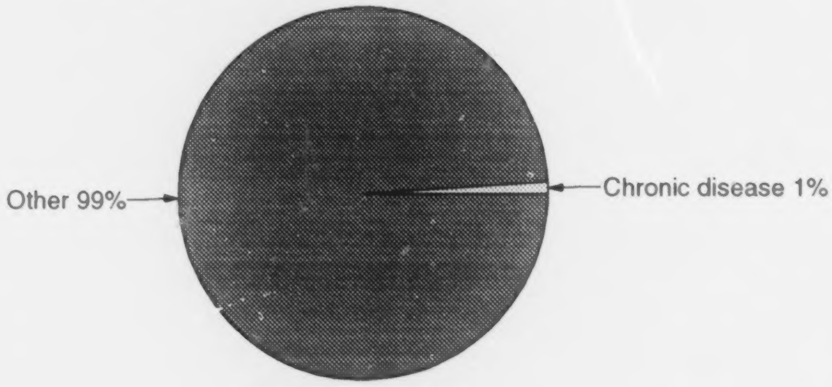
- Improve surveillance of chronic diseases and their risk factors
- Increase advocacy for policy and regulatory measures to reduce chronic diseases
- Improve access to primary care and preventive services
- Increase screening and education services for low-income and minority populations
- Expand tobacco, cancer, and diabetes control efforts

Organizational Description

The District of Columbia Commission of Public Health has two branches which deal with chronic disease prevention and control: the Bureau of Cancer Control and the Office of Health Promotion. The Bureau of Cancer Control conducts chronic disease epidemiological studies, operates the cancer registry, and provides for reduced-price mammograms through a voucher program.

The Office of Health Promotion is involved in health education activities, community affairs, high blood pressure and cholesterol screening, and media outreach. The Office's Behavioral Risk Factor Surveillance Program conducts a monthly survey of the health behaviors of District residents.

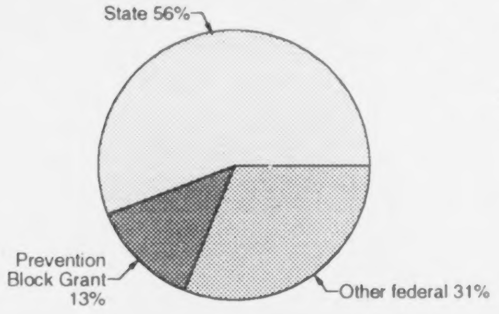
Total State Health Agency Expenditures, FY '89



TOTAL: $134 MILLION

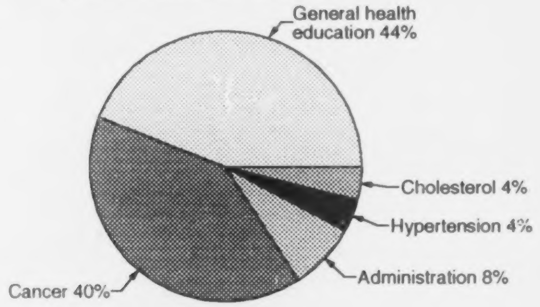
District of Columbia

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



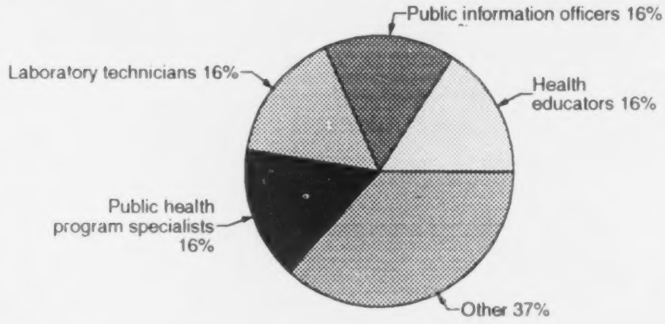
TOTAL: $1,200,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



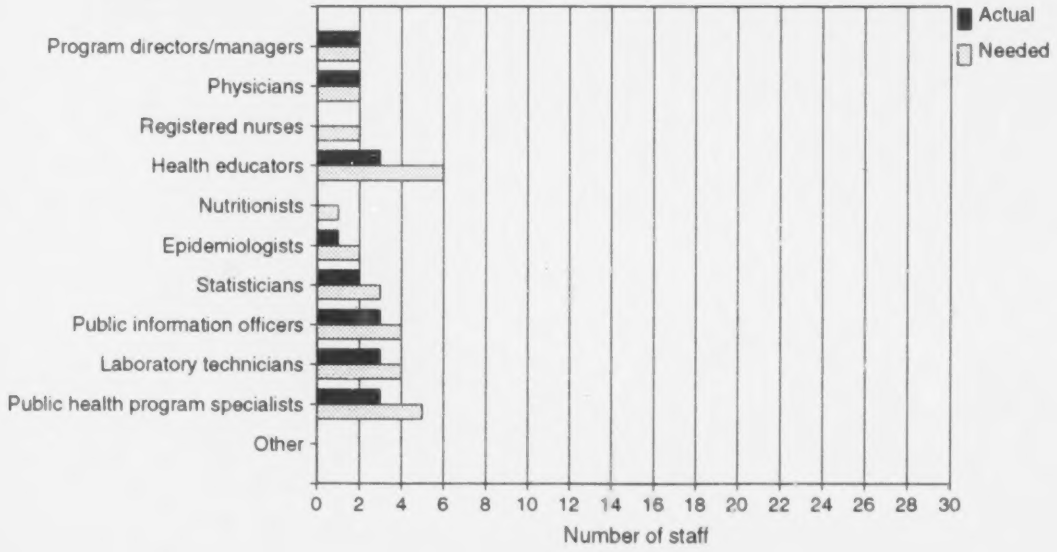
TOTAL: $1,200,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 19.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Florida

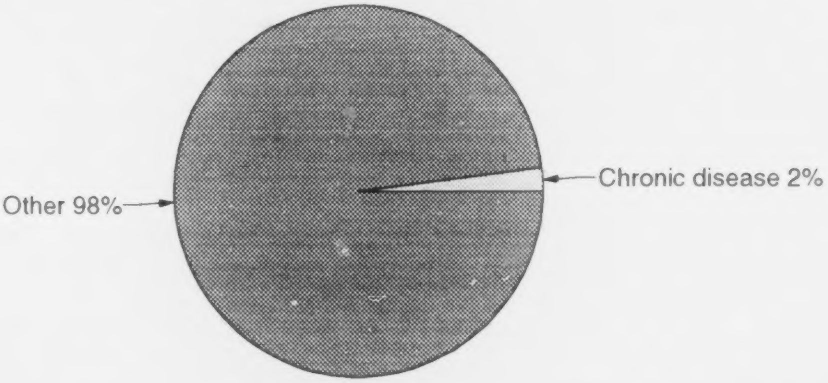
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Cardiovascular disease
- Cerebrovascular disease
- Diabetes mellitus
- Chronic obstructive lung disease
- Cancers of lung, breast, cervix, prostate and colon

Organizational Description

The Florida Department of Health and Rehabilitative Services State Health Office has major responsibility in the control and prevention of chronic diseases in Florida. Low-income, high-risk clients are primarily targeted for intervention, and HRS County Public Health Units in all 67 counties provide some or all of the following services: screening, referral, follow-up and some treatment, client education (including risk reduction and prevention), and community health promotion. Targeted diseases include: cancers of breast, colon, lung, and cervix; cardiovascular disease; diabetes; and hypertension. In addition, data is collected and analyzed for state policy-making and for a national data base on chronic diseases.

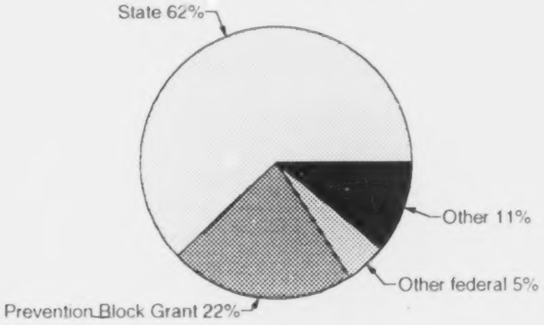
Total State Health Agency Expenditures, FY '89



TOTAL: $424 MILLION

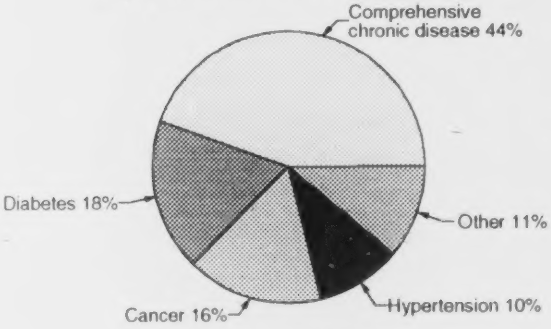
Florida

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



TOTAL: $7,828,155

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



TOTAL: $7,828,155

STAFFING DATA NOT AVAILABLE

STAFFING DATA NOT AVAILABLE

Georgia

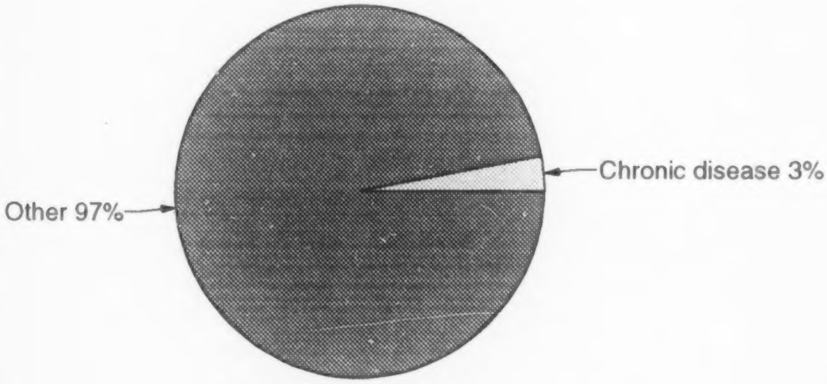
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Prevent, detect, and control risk factors for cardiovascular disease
- Prevent, detect, and control cancer
- Prevent and control unintentional injuries
- Improve quality of life of older adults
- Focus on minorities and rural areas for services

Organizational Description

DESCRIPTION NOT AVAILABLE

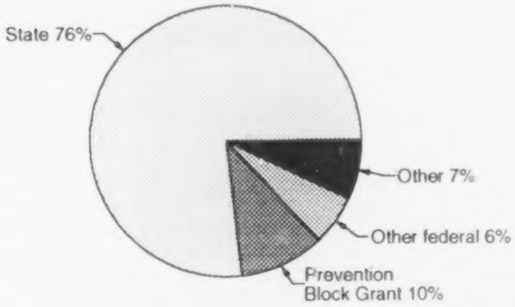
Total State Health Agency Expenditures, FY '89



TOTAL: $234 MILLION

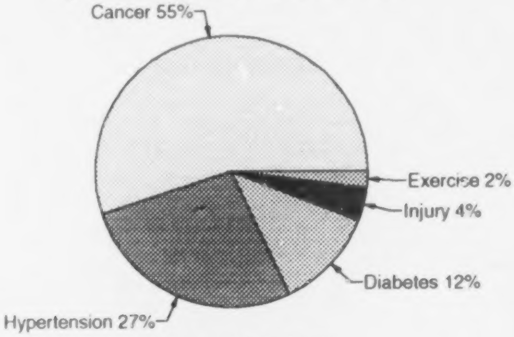
Georgia

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



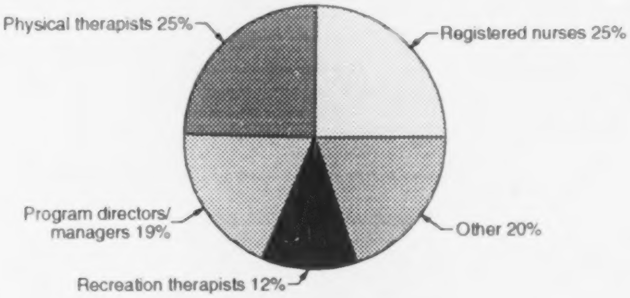
TOTAL: $7,350,877

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



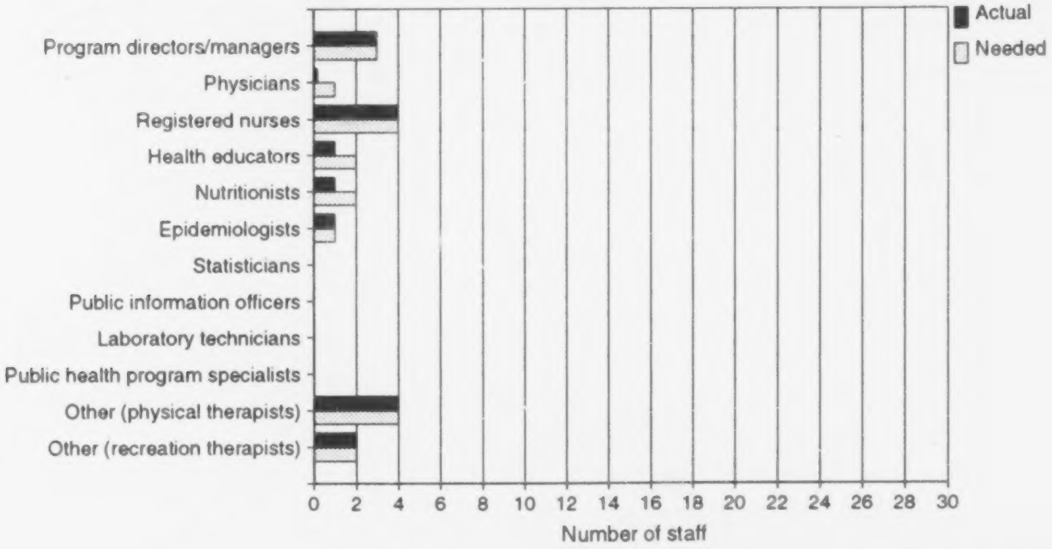
TOTAL: $7,350,877

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 16.2 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Guam

State Health Agency's Top Chronic Disease Priorities for the 1990s

- Increase knowledge of the younger population on chronic disease risk factors and provide information on prudent heart living
- Raise public awareness on risk factors associated with hypertension through education and information
- Provide health education and information on diabetes and hypertension to the general public
- Implement the Guam Health Objectives for 1990 and beyond in high blood pressure control
- Implement an islandwide data collection system to monitor hypertension and diabetes incidence and prevalence rates

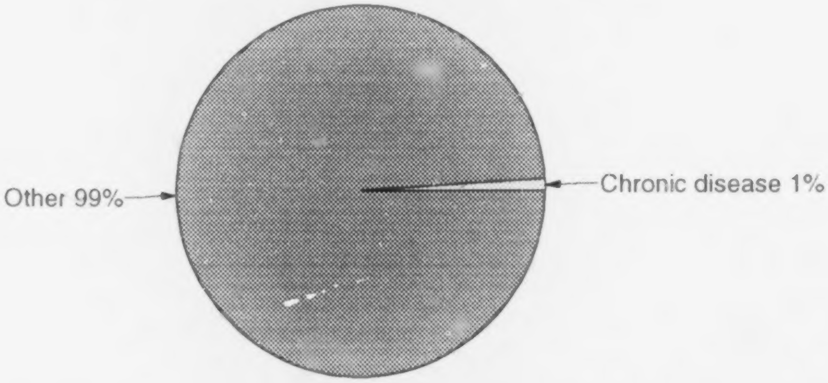
Organizational Description

The Chronic Disease Prevention and Control (CDPC) Program is an ambulatory health care program administered by the Bureau of Community Health Services. Nursing Health screening, case finding, and follow-up services for diabetes and hypertension are provided at the three Regional Health Centers (Central, Northern and Southern).

Health Information and education for diabetes and hypertension are provided to the general public through agencies and mass screening activities. Health education activities on prudent heart living are conducted in the middle schools throughout the island.

The CDPC Program networks with the Guam High Blood Pressure Council, a non-profit organization, in the prevention and control of high blood pressure throughout the island. The CDPCP is addressing the Year 2000 National Health Objectives on Hypertension.

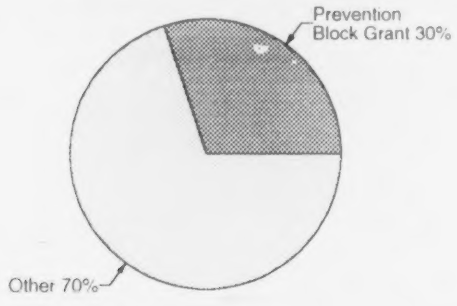
Total State Health Agency Expenditures, FY '89



TOTAL: $7 MILLION

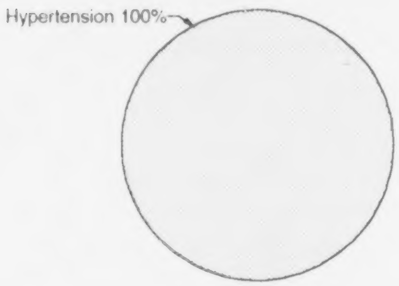
Guam

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



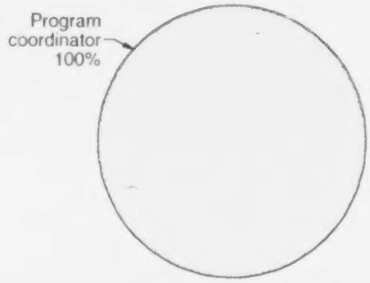
TOTAL: $93,501

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



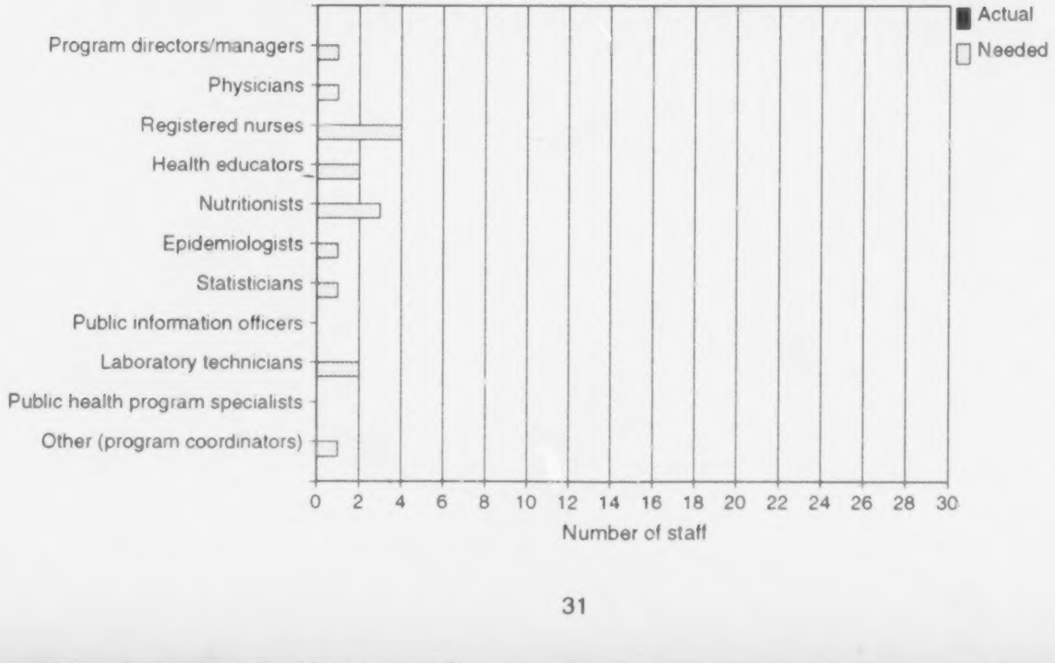
TOTAL: $93,501

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 1.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Hawaii

State Health Agency's Top Chronic Disease Priorities for the 1990s

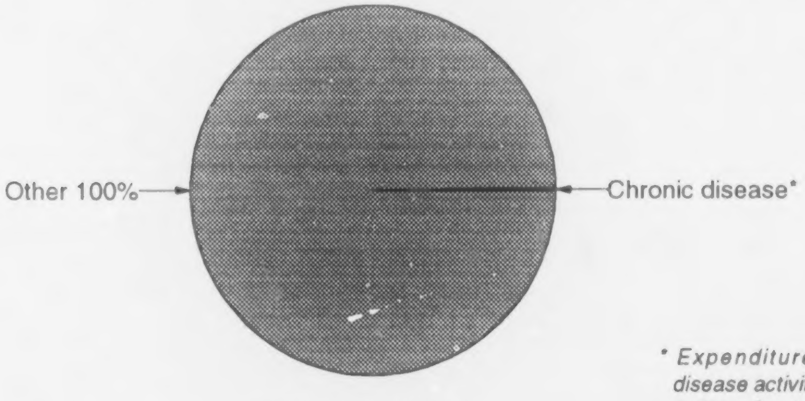
- Native Hawaiian health
- Tobacco control
- Cancer control
- Rural health
- Respiratory health

Organizational Description

Chronic disease activities of the Hawaii State Department of Health are centered primarily in the Preventive Health Services Branch (PHSB) of the Health Promotion and Education Division. The primary responsibility of PHSB is to be a catalyst and a leader for the state in chronic disease prevention and control through mobilizing and coordinating public and private programs; through establishing and monitoring standards; through training and education; through consultation to health professionals, community organizations, and care givers; and through policy development.

The PHSB strives to prevent or reduce the complications of chronic diseases by providing services in the areas of risk reduction, screening, follow-up and monitoring, and education. Programs for hypertension, diabetes, and cholesterol remain major Branch activities in collaboration with other agencies and organizations. Additional activities include tobacco legislation, cardiovascular disease and stroke, and consultation in rehabilitation. Cancer control will be a focus in the next year.

Total State Health Agency Expenditures, FY '89

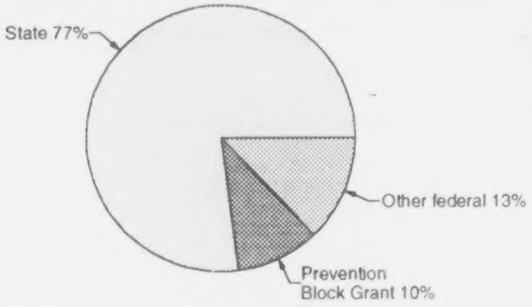


TOTAL: $258 MILLION

** Expenditures for chronic disease activities are less than 0.5% of total state health agency expenditures.*

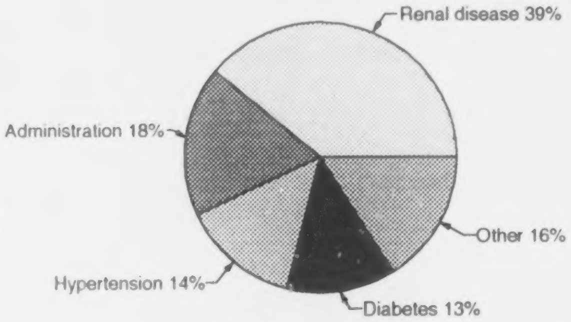
Hawaii

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



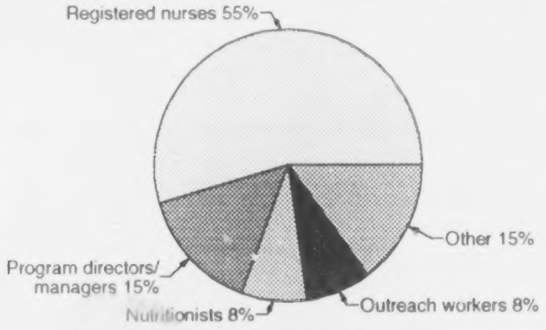
TOTAL: $1,164,199

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



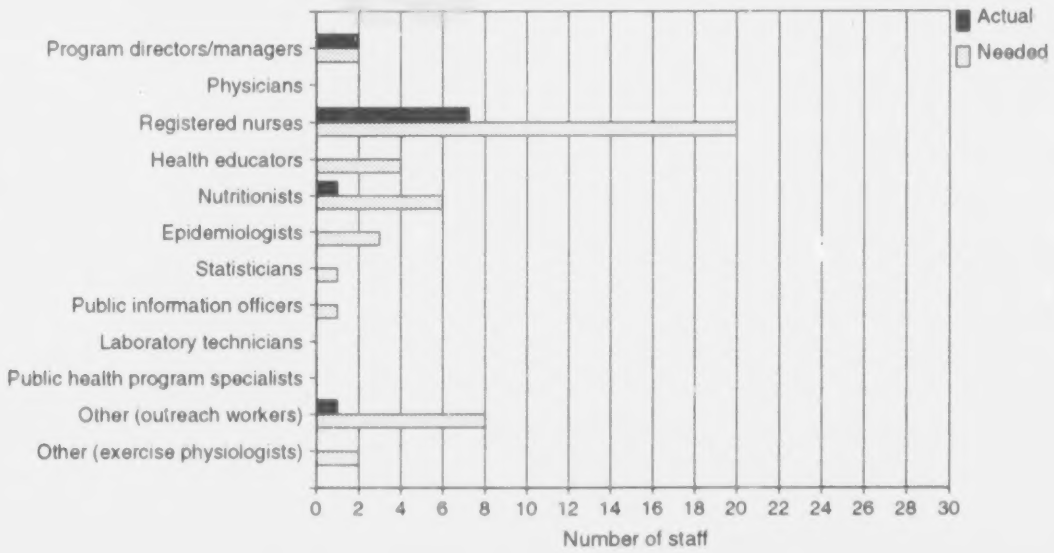
TOTAL: $1,164,199

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 13.25 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Idaho

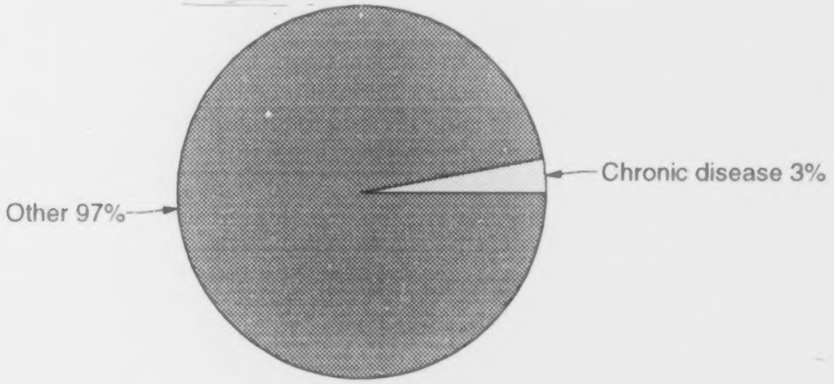
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Nutrition
- Hypertension/stroke
- Injury

Organizational Description

The Idaho Department of Health and Welfare, Division of Health, Health Promotion/Disease Prevention Program is the administrator of the Federal Preventive Health Block Grant, a Centers for Disease Control Chronic Disease Cooperative Agreement which includes Nutrition Intervention and Behavioral Risk Factor Surveillance, and the State Cancer Control Account. This funding is currently being used to implement statewide health education and screening activities dealing with cholesterol screening and education, a comprehensive nutrition education program aimed at modifying the diets of Idahoans, breast cancer screening and education, tobacco use prevention and smoking cessation, tumor boards, and surveillance activities of Idahoans' health behaviors. The Program also provides technical assistance and training to local health-related agencies with the development, implementation, and evaluation of activities that emphasize behavior changes to reduce the morbidity and mortality associated with cardiovascular disease and cancer.

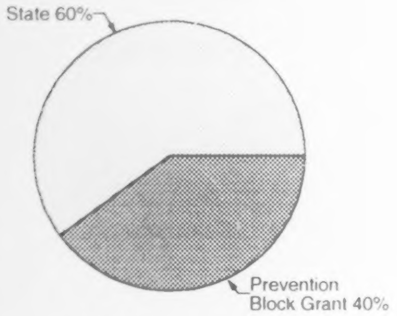
Total State Health Agency Expenditures, FY '89



TOTAL: $23 MILLION

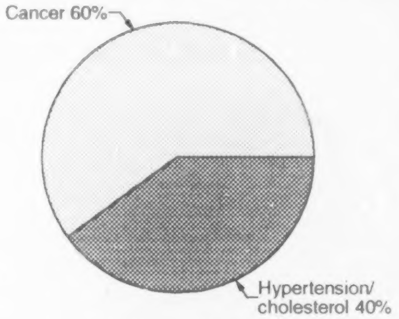
Idaho

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



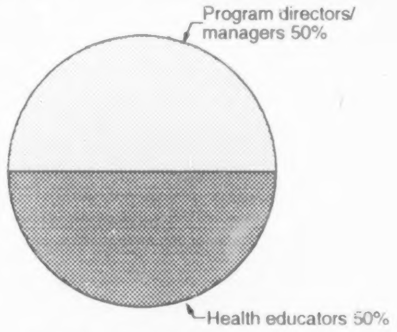
TOTAL: $624,228

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



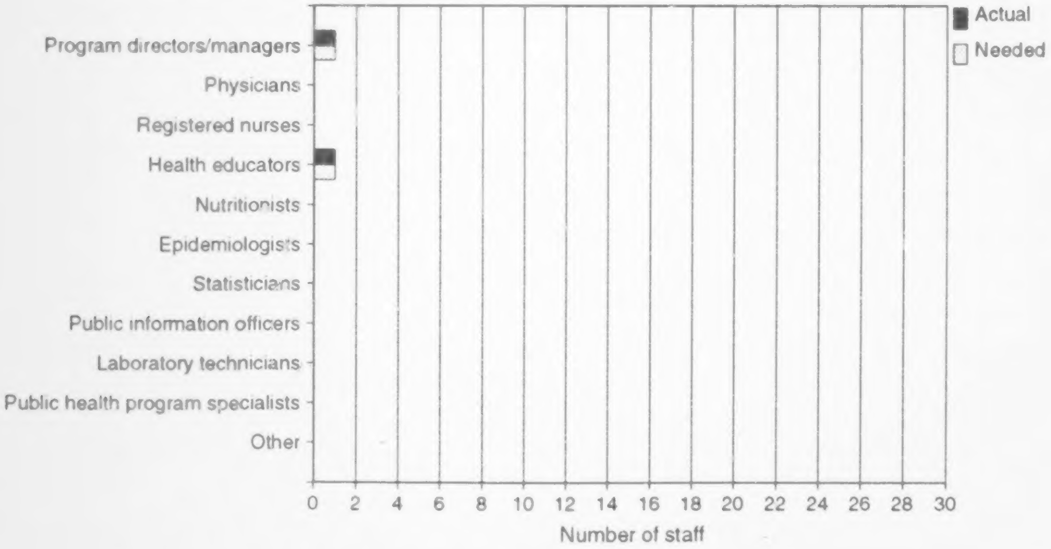
TOTAL: $624,228

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 2.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Illinois

State Health Agency's Top Chronic Disease Priorities for the 1990s

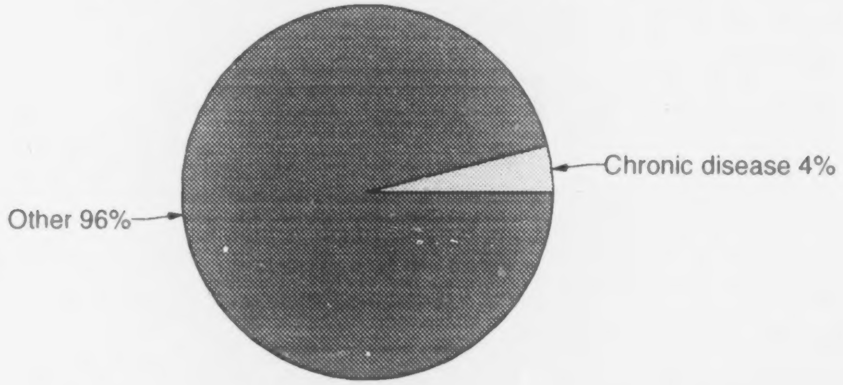
- Heart disease and associated behavioral risk factors
- Cancer
- Diabetes
- Alzheimer's disease
- Asthma

Organizational Description

Chronic diseases are recognized as significant health problems today, and growing health problems of the future, paralleling the increasing number of people older than 65 years of age. The Division of Chronic Diseases seeks to prevent, control, and provide relief from chronic diseases in Illinois through a variety of activities conducted by the Diabetes, Hypertension, Alzheimer's disease, Cancer, Renal, Hemophilia, Experimental Organ Transplantation, and Sexual Assault Survivor's Treatment Programs. These activities include, but are not limited to diagnosis, treatment, consultation, education, public information, data collection and evaluation, research, referral, and financial assistance.

The goal of the Division is to minimize the incidence and impact of morbidity and mortality due to chronic diseases and conditions, thus increasing the longevity and improving the quality of life of the residents of the state of Illinois.

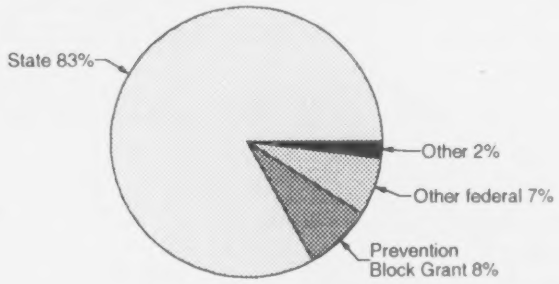
Total State Health Agency Expenditures, FY '89



TOTAL: $209 MILLION

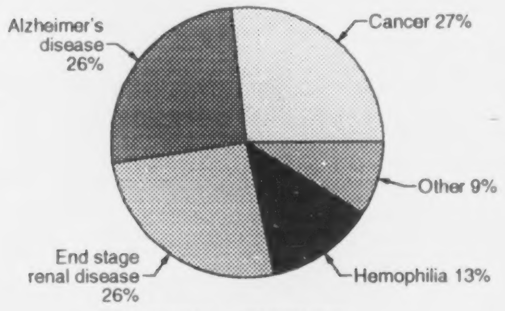
Illinois

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



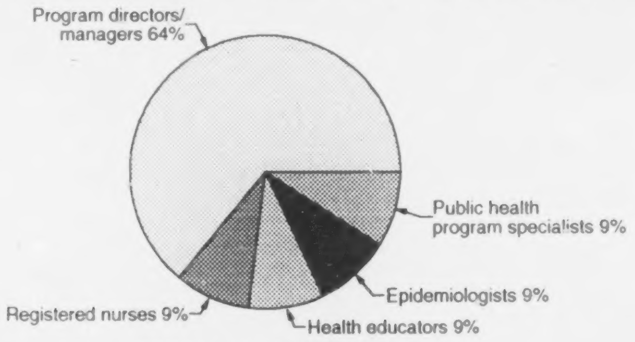
TOTAL: $7,687,379

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



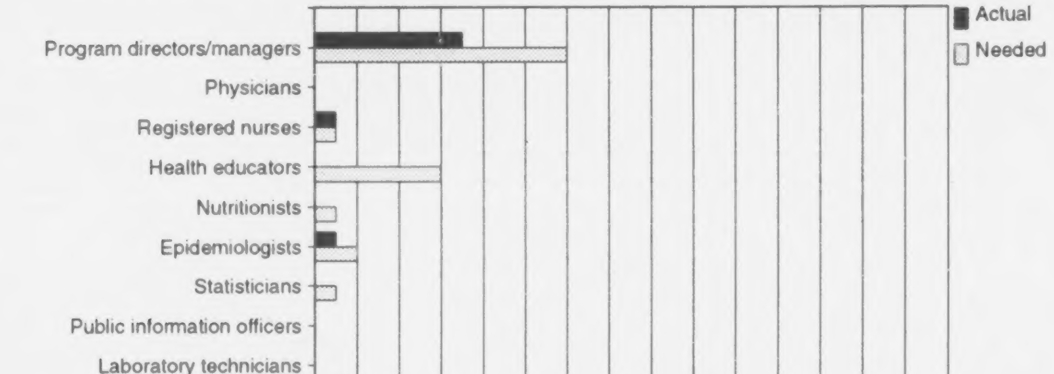
TOTAL: $7,687,379

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 11.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Indiana

State Health Agency's Top Chronic Disease Priorities for the 1990s

- Heart disease
- Cancer (overall cancer rates and breast cancer)
- Stroke
- Diabetes
- Injuries

Organizational Description

Chronic Disease Division, Bureau of Disease Intervention

Chronic Disease Intervention: Administers network of local projects focusing on risks for cardiovascular disease, cancer, and diabetes.

State Cancer Registry: Manages, analyzes, summarizes data from mandatory reporting of malignant diseases.

Environmental Epidemiology: Health assessments for hazardous waste sites, epidemiologic studies, and consultations.

Hemophilia, End Stage Renal Disease, Sickle Cell Anemia: Financial assistance programs and funded projects.

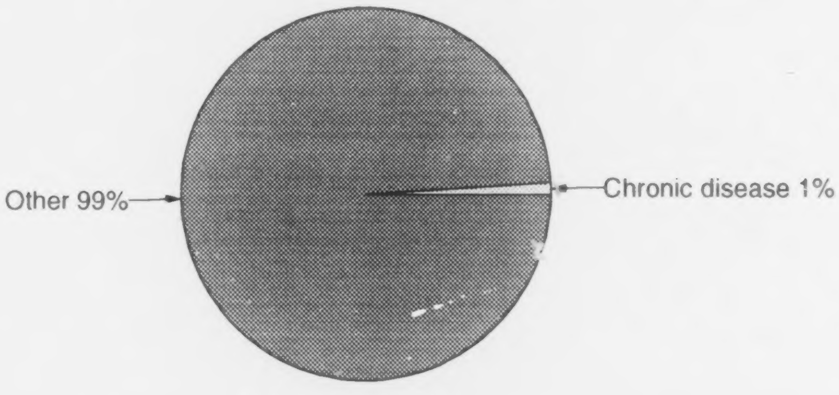
Traumatic Injury Registry: pilot program based on reporting from hospital emergency rooms.

Health Education Division, Bureau of Health Promotion: Behavioral Risk Factor Survey; programs on smoking, exercise, etc.

Nutrition Division, Bureau of Family Health Services: Provides consultation on nutrition in workplaces, schools, etc.

Bureau of Policy Development: Functions include vital records, state health plan, special studies.

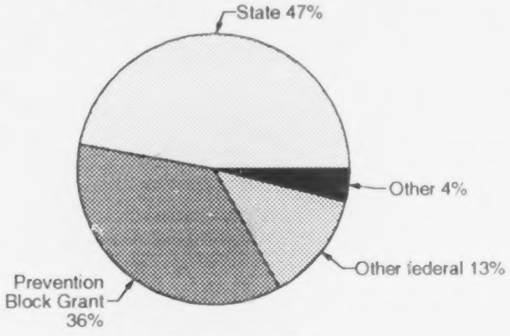
Total State Health Agency Expenditures, FY '89



TOTAL: $131 MILLION

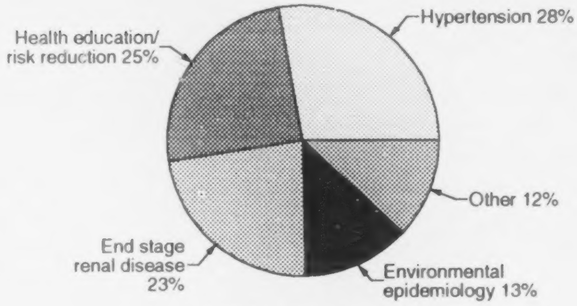
Indiana

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



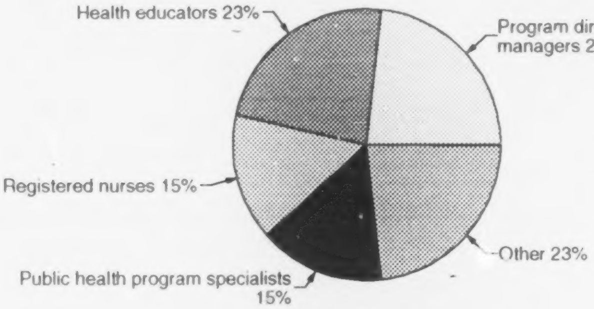
TOTAL: $1,881,505

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



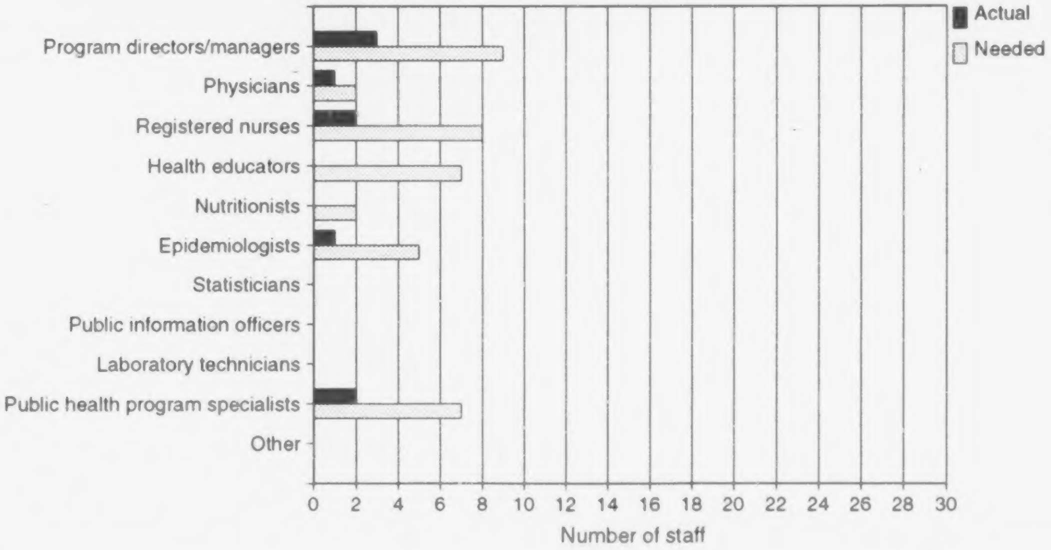
TOTAL: $1,881,505

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 13.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Iowa

State Health Agency's Top Chronic Disease Priorities for the 1990s

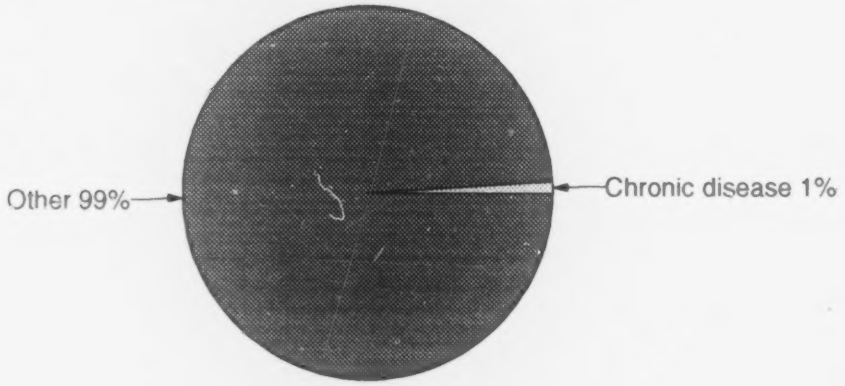
- Cardiovascular disease
- Tobacco: prevention and control: target population - youth
- Breast/cervical cancer: target population - uninsured/underinsured
- Nutrition and chronic disease
- Chronic disease surveillance

Organizational Description

The Iowa Department of Public Health (IDPH) addresses chronic disease through programs and activities based in four Divisions and one Office. The Division of Family and Community Health provides chronic disease core staff through the Bureau of Nutrition and Health Promotion. Programs include cardiovascular risk reduction, tobacco prevention/control, Behavioral Risk Factor Surveillance System, diabetes outpatient program certification, Health Risk Appraisal and community-based local grants for the development of health promotion and risk reduction interventions. Also, within the Division of Family and Community Health is the Iowa Disability Prevention Project.

Other IDPH chronic disease related activities, by divisions/office, include: 1) Division of Disease Prevention: agriculture injury surveillance, brain and spinal cord injury registry, cancer SEER registry, and tobacco-related special projects; 2) Division of Substance Abuse: alcohol-related prevention/intervention; 3) Division of Central Administration/Professional Licensure: collection of chronic disease mortality data; and 4) Office of Health Planning: community assessment and organization.

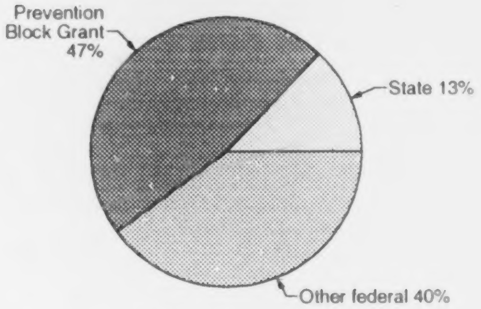
Total State Health Agency Expenditures, FY '89



TOTAL: $66 MILLION

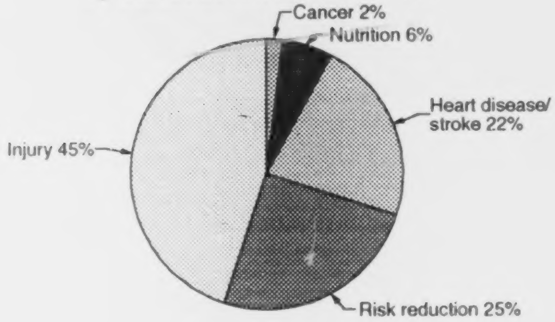
Iowa

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



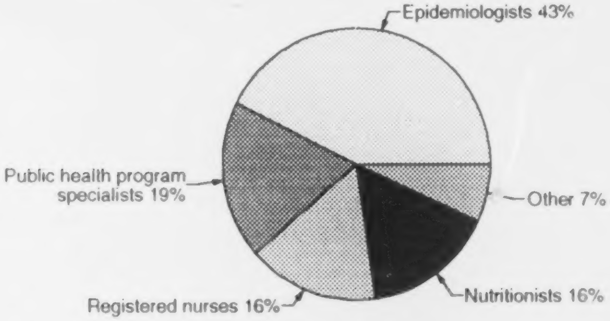
TOTAL: $538,793

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



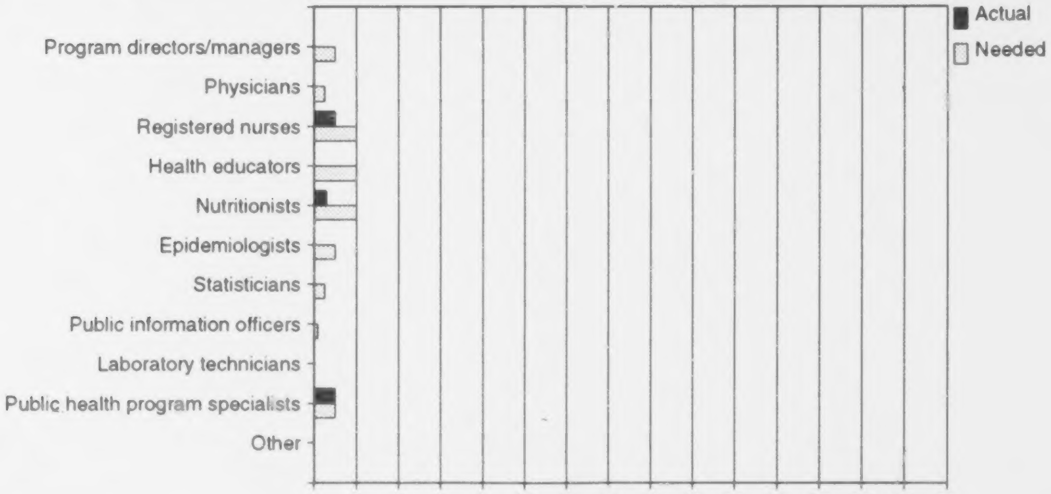
TOTAL: $538,793

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 6.45 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Kansas

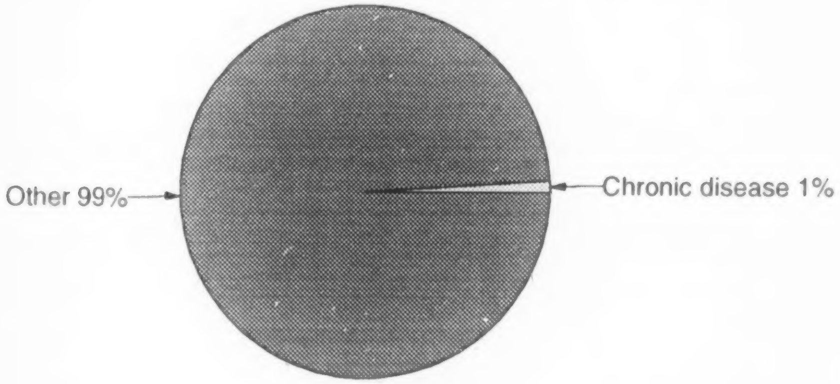
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Developing chronic disease surveillance capabilities
- Cancer control
- Cardiovascular disease
- Diabetes - prevention of complications
- Addressing health care issues of an aging population

Organizational Description

Responsibility for chronic disease and injury control programs is placed in the Division of Health, Office of Chronic Disease and Health Promotion. Priority areas include prevention and control of unintentional injuries, cardiovascular diseases, cancer, diabetes, and tobacco-related chronic diseases. Other chronic disease activities include health education and public awareness which are managed through the Office of Health and Environmental Education and the Office of Public Information respectively; both are located in the Division of Information Systems. Chronic disease and injury surveillance activities are collaborative efforts of staff from both these Divisions and include input from the State Epidemiologist, located in the Division of Health, Bureau of Disease Control.

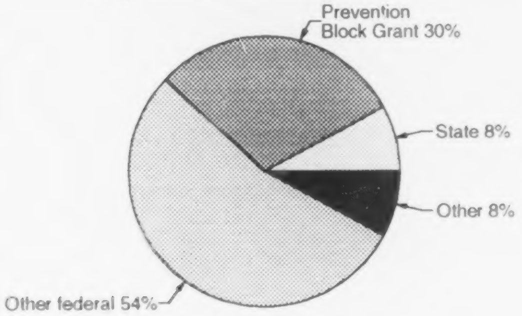
Total State Health Agency Expenditures, FY '89



TOTAL: $55 MILLION

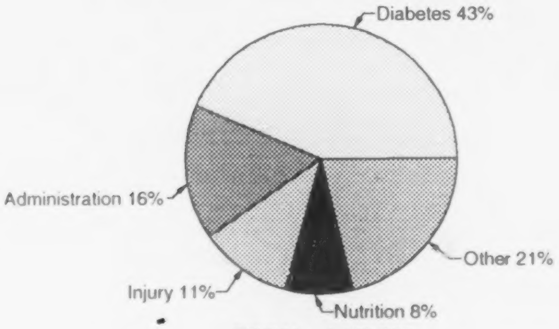
Kansas

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



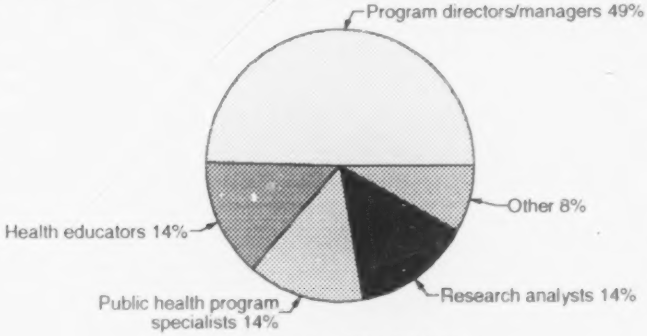
TOTAL: $448,503

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



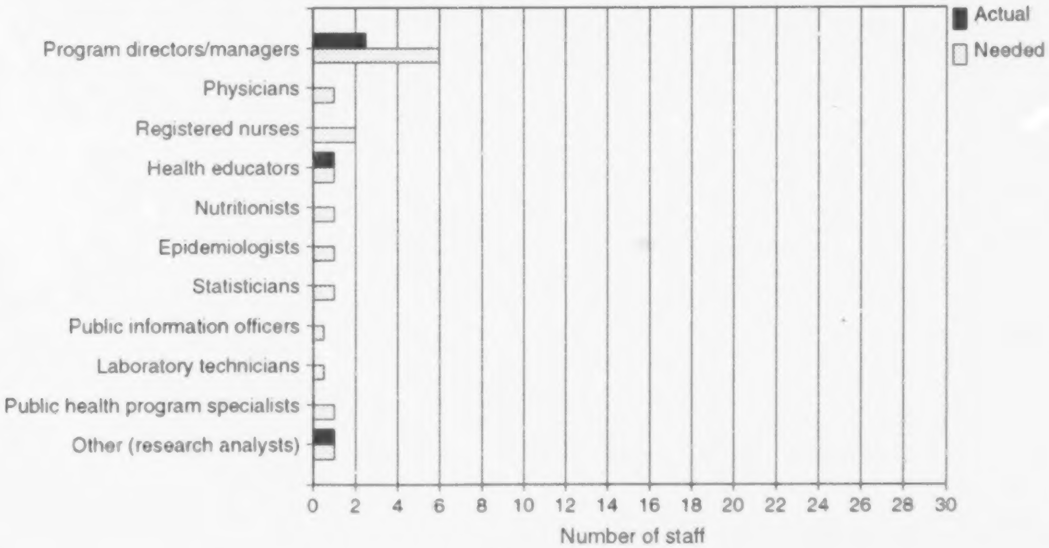
TOTAL: $448,503

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 7.1 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Kentucky

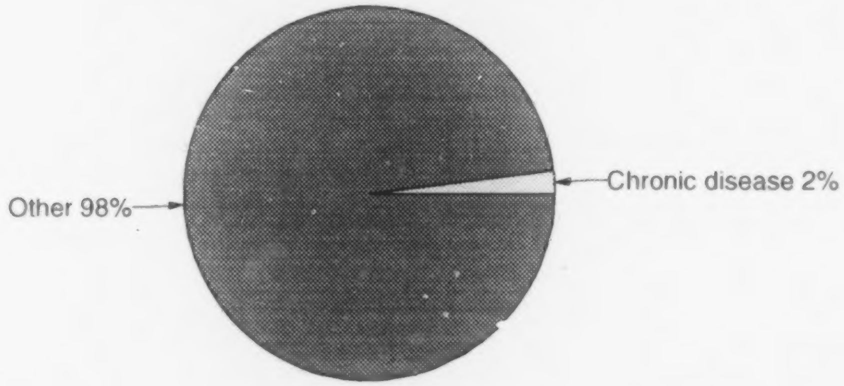
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Reduce smoking in Kentuckians
- Improve ability to assist people to reduce modifiable risk factors for heart disease
- Expand breast and cervical cancer screening program, including mammography, for uninsured women
- Improve ability to assist people to control and prevent complications due to diabetes
- Expand cholesterol management and education services

Organizational Description

Kentucky's chronic disease programs are administered through the Chronic Disease Branch within the Department for Health Services, Division of Epidemiology. The Chronic Disease Branch is directed by a Branch Manager and includes three programs, a Cancer Control Program, a Cardiovascular Disease Program and a Diabetes Control Program. Each of the three programs is under the direction of a program administrator. The Cancer Control Program focuses on lung, breast, and cervical cancer. The Cardiovascular Disease Program includes services for persons with hypertension or hypercholesterolemia. The Diabetes Control Program provides health professional education services, as well as group and individual patient education services. Direct patient services in all three programs are provided through local health departments located in each of Kentucky's 120 counties.

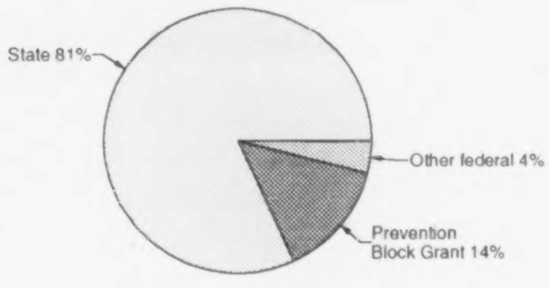
Total State Health Agency Expenditures, FY '89



TOTAL: $124 MILLION

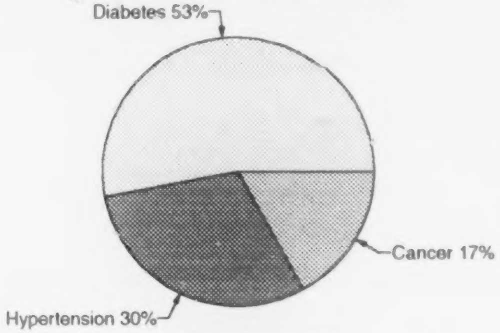
Kentucky

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



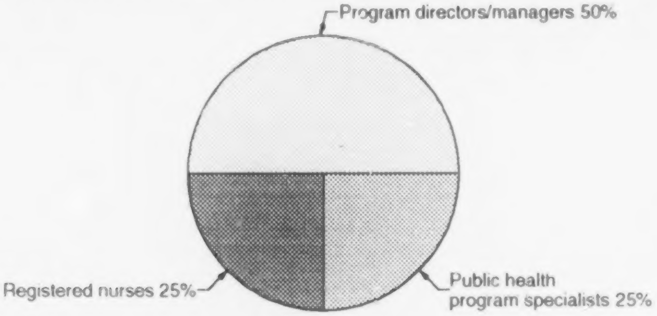
TOTAL: $2,518,770

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



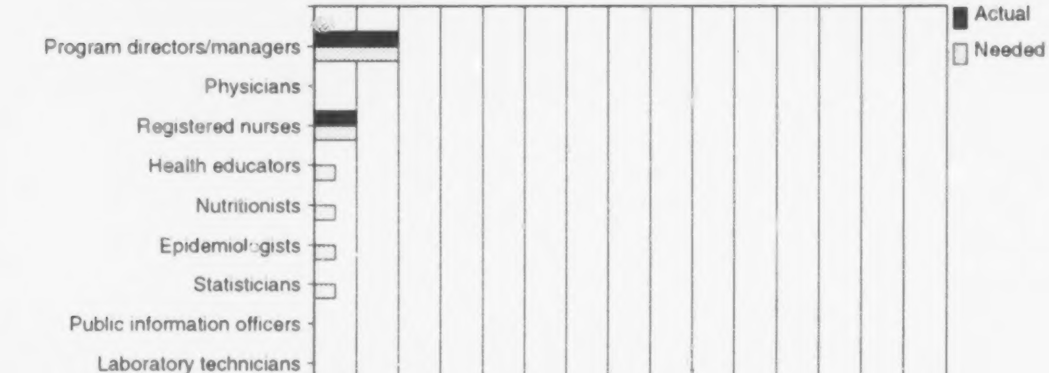
TOTAL: $2,518,770

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 8.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Louisiana

State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco
- Cancer
- Diabetes
- Injury control

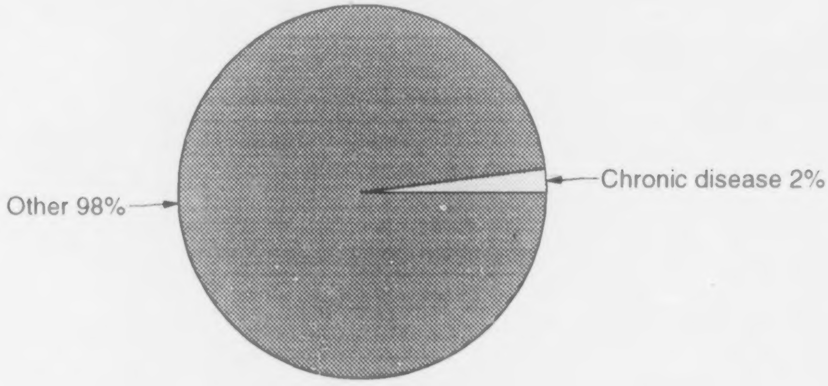
Organizational Description

Chronic disease activities in Louisiana are provided statewide by public health nurses in Parish (county) Health Units. Organizationally these services are administered by three sections: Louisiana Tumor Registry (cancer control), the Adult Health Section (cardiovascular health and BRFS), and the Disability Prevention Unit (injury control).

The state is in the process of re-vitalizing its Public Health Education Section. When fully realized, every large parish, plus each region will have Public Health Educators.

The Office of Public Health also provides staff support to the statewide Smoking or Health Coalition. Cancer control pilot interventions in 1991 will focus on tobacco, nutrition, and early detection of female cancers.

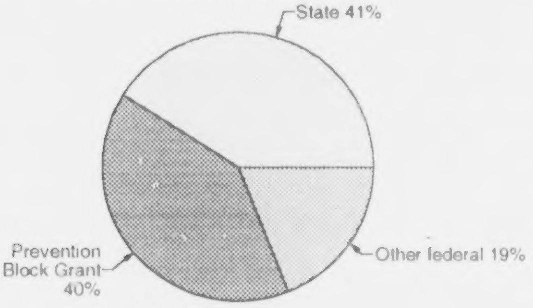
Total State Health Agency Expenditures, FY '89



TOTAL: $128 MILLION

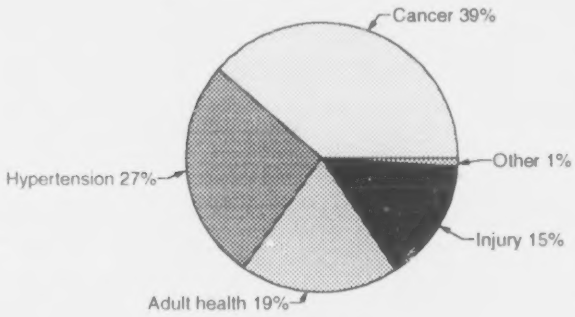
Louisiana

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



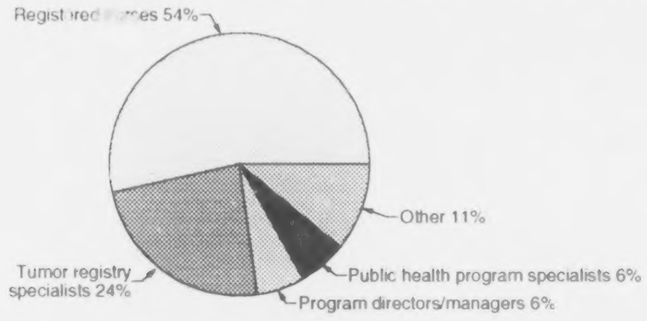
TOTAL: $2,050,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



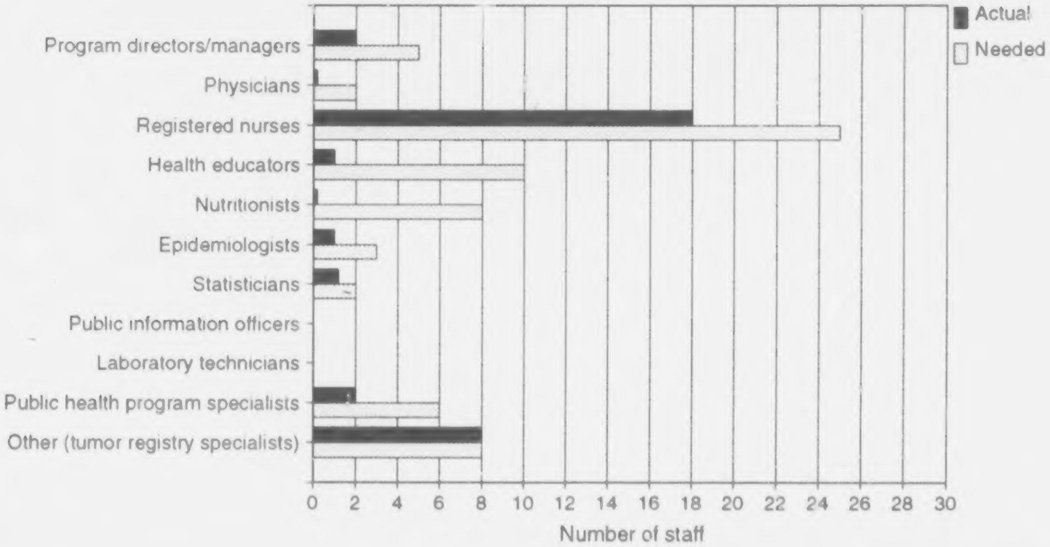
TOTAL: $2,050,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 33.6 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Maine

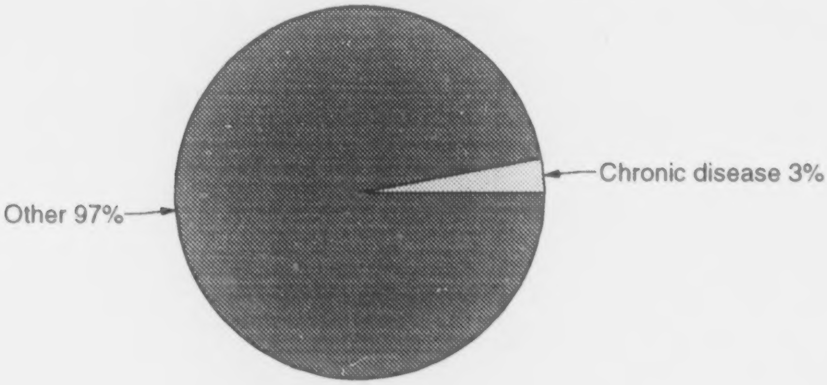
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco prevention and control
- Cancer - early detection of breast and cervical cancer
- Community-based prevention of cardiovascular disease
- Chronic obstructive pulmonary disease

Organizational Description

Chronic Disease activities are located in several divisions of the Maine Bureau of Health; the Division of Health Promotion and Education and Division of Disease Control in particular have specific chronic disease programs. The Diabetes Control Project, Community Chronic Disease Prevention/Community Health Promotion Unit, Cardiovascular Risk Reduction Program, Tobacco Prevention and Control activities, and Cancer Prevention activities are located in the Division of Health Promotion and Education. The Cancer Registry, Breast Cancer Control Project, Chronic and Sentinel Disease Surveillance Project and other cancer control activities are located in the Division of Disease Control. An interdivisional cancer prevention and control team coordinates activities within the Bureau. The Cancer Prevention and Control Advisory Committee advises the Bureau on cancer issues.

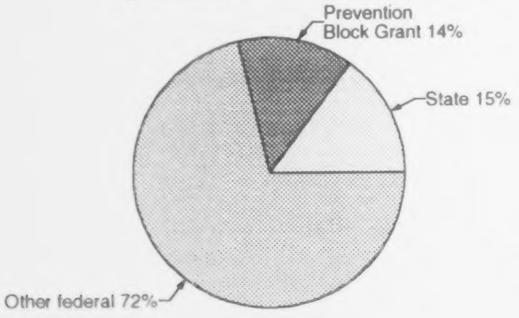
Total State Health Agency Expenditures, FY '89



TOTAL: $31 MILLION

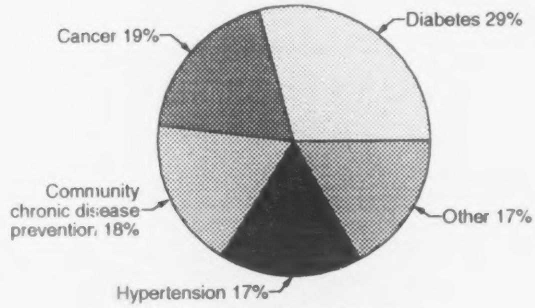
Maine

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



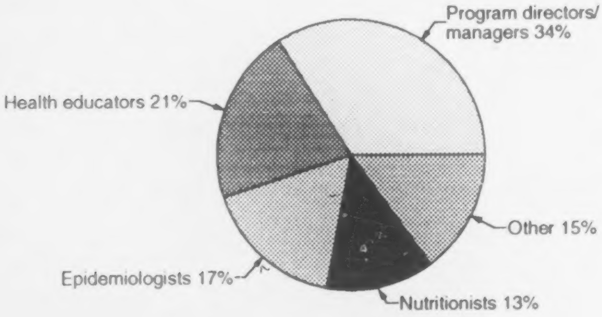
TOTAL: $1,022,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



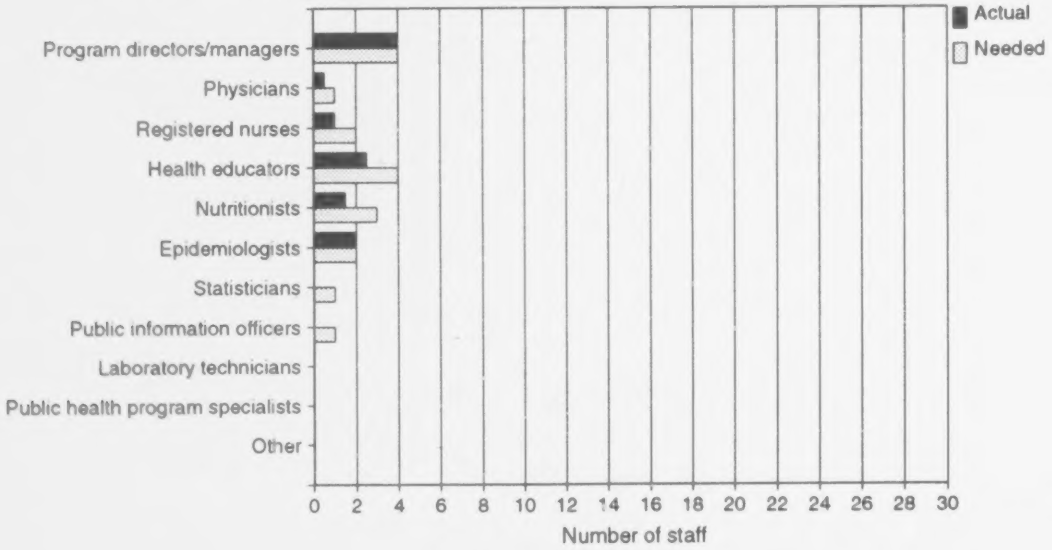
TOTAL: $1,022,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 11.8 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Maryland

State Health Agency's Top Chronic Disease Priorities for the 1990s

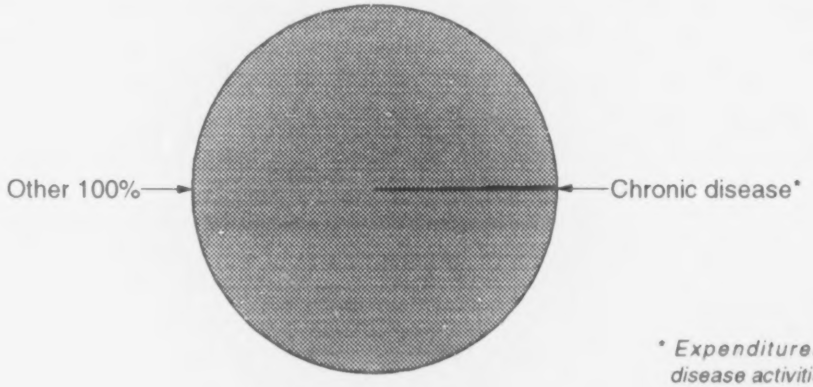
- Smoking
- Breast and cervical cancer
- Cardiovascular disease
- Injury
- Diabetes

Organizational Description

The Office of Chronic Disease Prevention develops statewide programs designed to reduce death and disability resulting from chronic diseases. Office staff work closely with the Office of Planning, Evaluation, and Program Development to secure and analyze data related to morbidity and mortality related to chronic disease, monitor trends in incidence and prevalence, target communities for specific interventions, and evaluate program effectiveness.

Within the Maryland Department of Health and Mental Hygiene, the Office of Chronic Disease Prevention is located within the Local and Family Health Administration, whose Director reports to the Deputy Secretary for Public Health Services. Within the Office of Chronic Disease Prevention, the Chiefs of the Divisions of Cancer Control, Diabetes Control, Cardiovascular Disease Prevention, and Injury Prevention and Rehabilitation Information report directly to the Office Director, Dr. John W. Southard.

Total State Health Agency Expenditures, FY '89

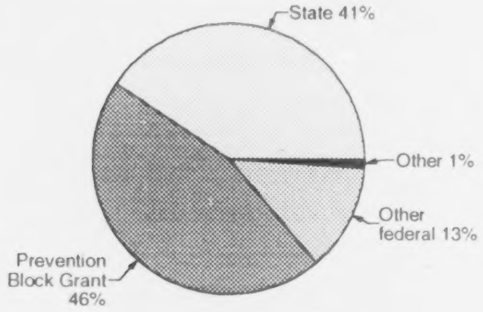


TOTAL: $806 MILLION

** Expenditures for chronic disease activities are less than 0.5% of total state health agency expenditures.*

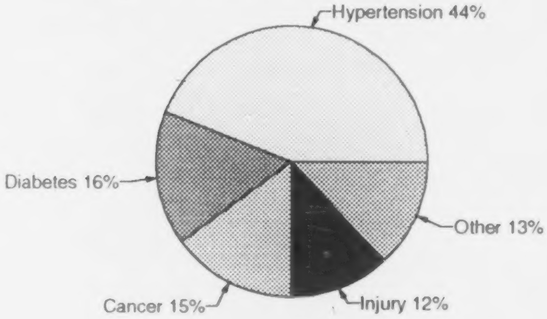
Maryland

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



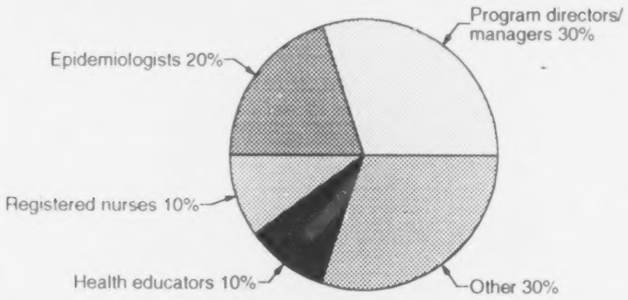
TOTAL: $1,712,401

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



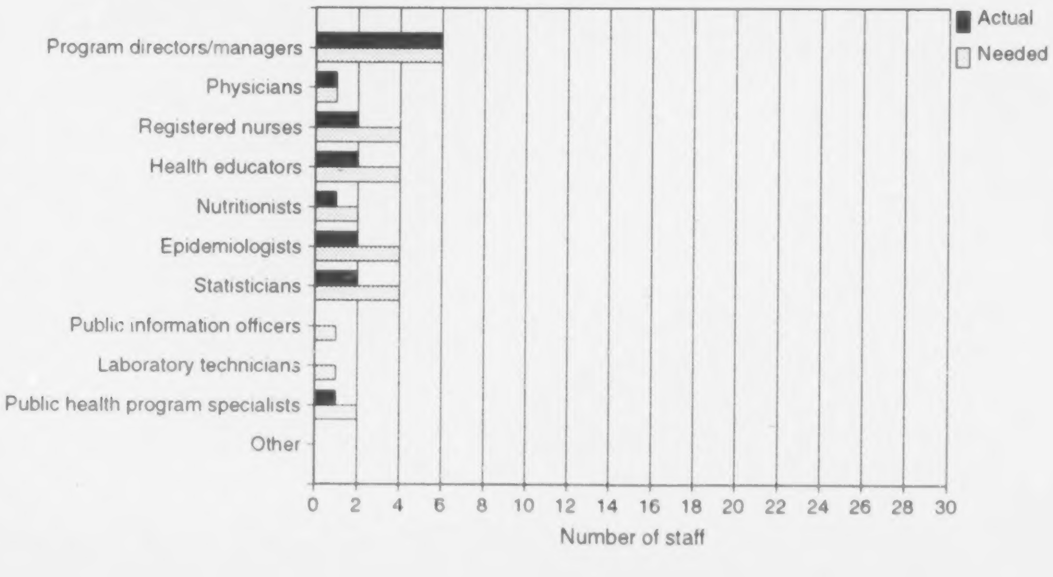
TOTAL: $1,712,401

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 20.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Massachusetts

State Health Agency's Top Chronic Disease Priorities for the 1990s

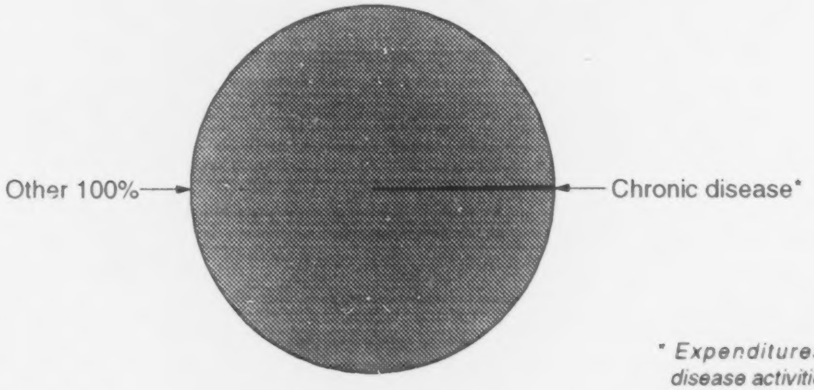
- Improve access to chronic disease prevention services
- Develop culturally and linguistically appropriate education materials
- Develop cancer prevention/screening programs
- Improve cost/health data related to chronic disease and risk factors
- Identify funds for programs serving underserved populations

Organizational Description

The Massachusetts Department of Public Health, Division of Chronic Disease Prevention is the focal point for activities related to the prevention of heart disease, cancer, and stroke. The programs and activities of the Division are guided by the goals of the Bureau of Community Health Programs which are to improve health status, improve access to health services and health information, and empower communities. The goals reflect a renewed mission of the Department to use its resources to serve high-risk underserved populations including racial, ethnic, and linguistic minorities (communities of color), and low-income and low-literate persons. The Division works closely with the Office of Non-Smoking, Office of Nutrition, and the Diabetes Control Program to coordinate activities related to chronic disease.

The Division offers a variety of programs and services to help individuals and communities reduce the incidence of chronic disease. These include seminars and workshops for health professionals on cholesterol screening, hypertension and cancer control, and newsletters.

Total State Health Agency Expenditures, FY '89

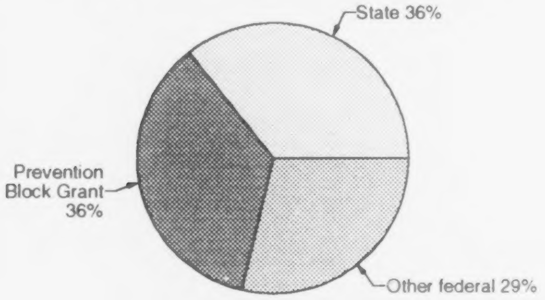


TOTAL: $307 MILLION

** Expenditures for chronic disease activities are less than 0.5% of total state health agency expenditures.*

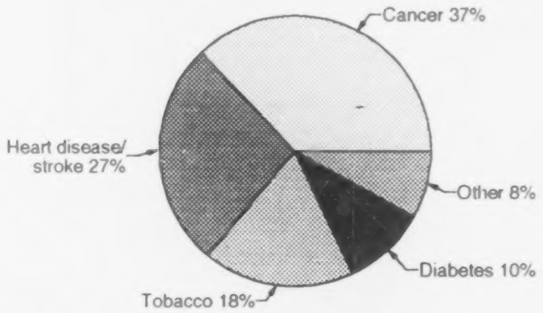
Massachusetts

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



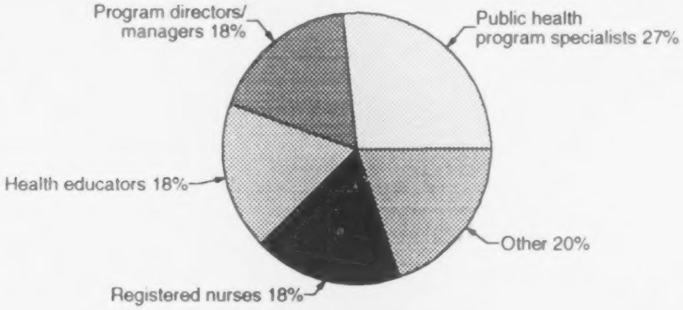
TOTAL: $1,093,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



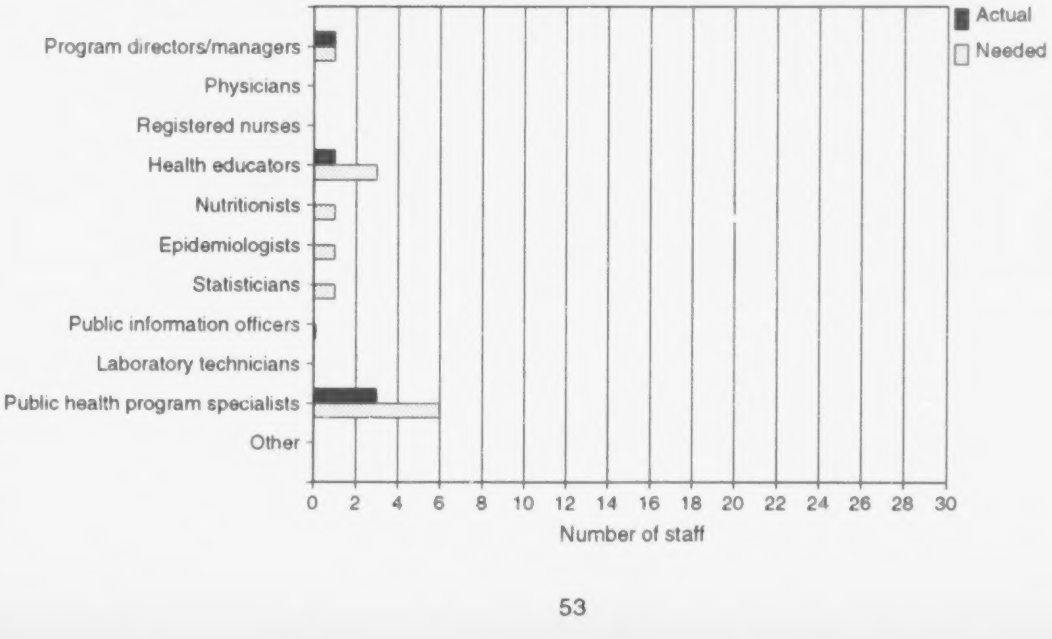
TOTAL: $1,093,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 11.25 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Michigan

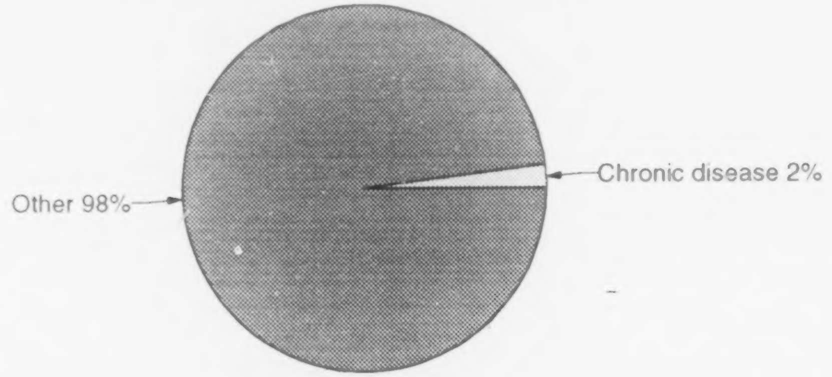
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco prevention and control
- Community-based heart health promotion
- Women's health (comprehensive cancer control)
- Injury control (highway, agricultural, bike safety)
- Violence

Organizational Description

Through the Center for Health Promotion, the Michigan Department of Public Health has developed many new and innovative risk reduction and chronic disease programs. Through the Health Surveillance Section, there is an annual survey of behavioral risk factors and a growing injury control program. Through the Community Intervention Section there are statewide arthritis, dementia, cardiovascular disease and worksite wellness programs provided. Through the Program Development Section, there is an active diabetes control program as well as a tobacco and cancer prevention unit. Through the Bureau of Community Services, programming in hypertension control, dental health and genetics is provided. A Governor-appointed Chronic Disease Advisory Committee provides oversight to these activities.

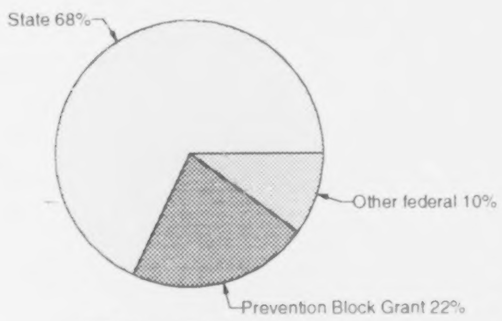
Total State Health Agency Expenditures, FY '89



TOTAL: $352 MILLION

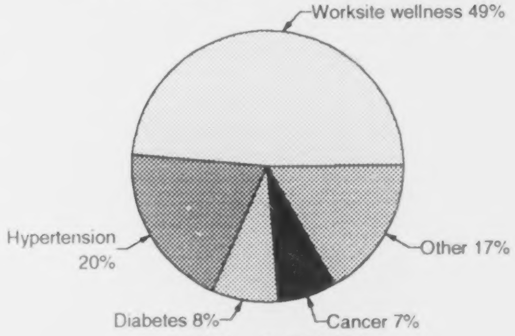
Michigan

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



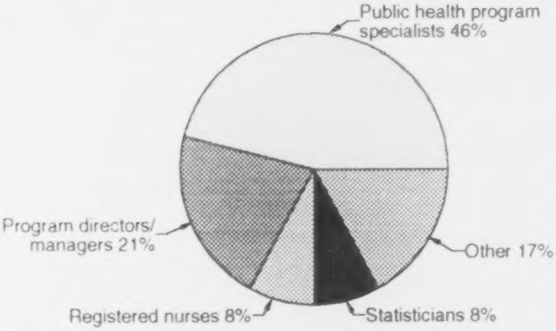
TOTAL: $5,759,850

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



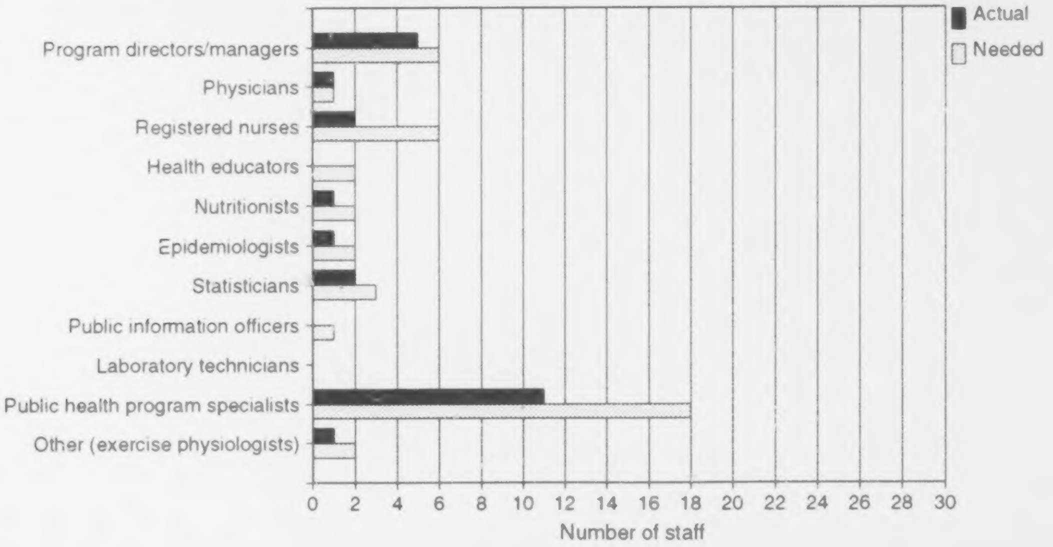
TOTAL: $5,759,850

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 24.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Minnesota

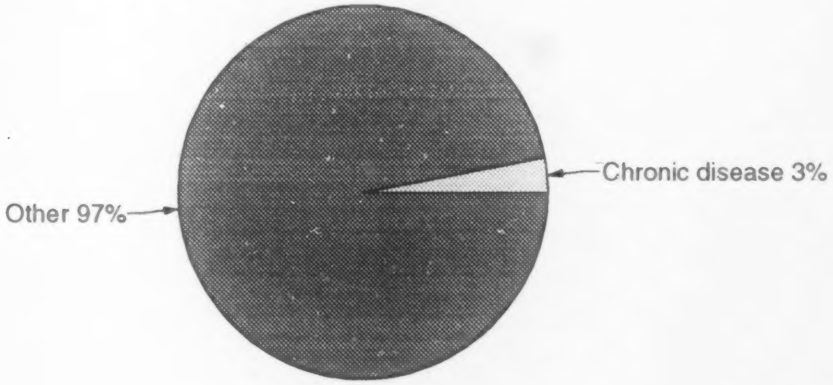
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Nutrition/physical activity
- Injury control
- Chemical health
- Cancer screening
- Diabetes control

Organizational Description

Chronic disease activities are organized under four Divisions. The behavioral risk factor surveillance system is administered by the Health Information and General Services Division. The cancer disease surveillance system is administered by the Disease Prevention and Control Division which includes both chronic and acute disease epidemiology programs. The childhood injury reduction program is administered by the Maternal and Child Health Division. All other chronic disease programs including diabetes control, nutrition, tobacco use prevention, alcohol/drug abuse prevention, and breast/cervical cancer screening are administered by the Health Promotion and Education Division.

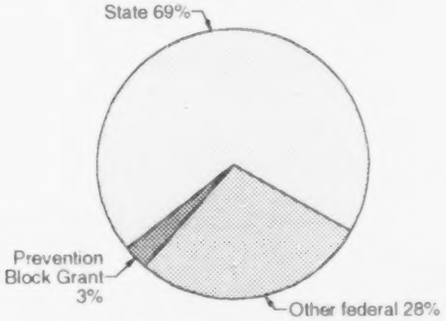
Total State Health Agency Expenditures, FY '89



TOTAL: $99 MILLION

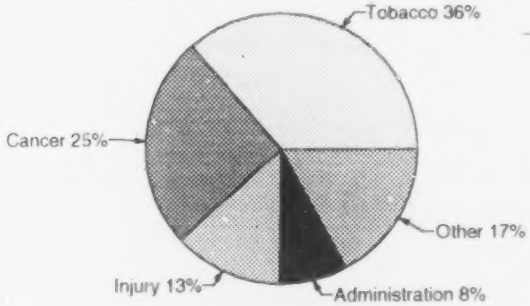
Minnesota

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



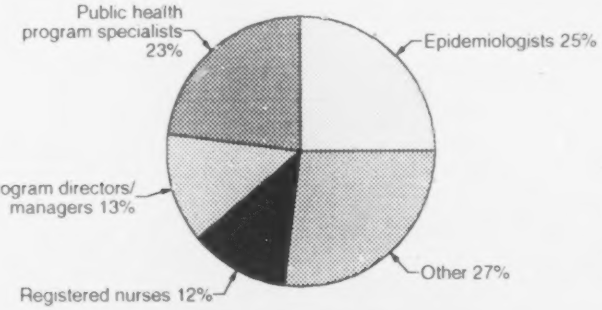
TOTAL: $3,419,902

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



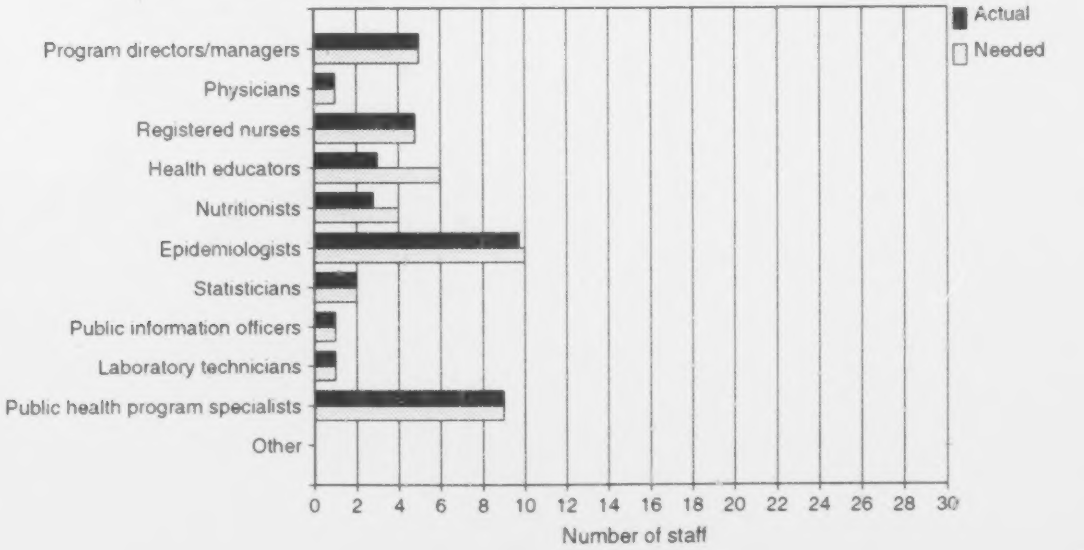
TOTAL: $3,419,902

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 39.35 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Mississippi

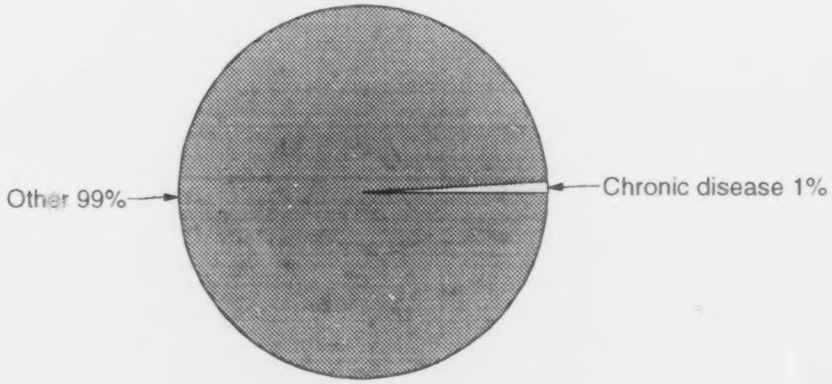
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Hypertension identification and control
- Health behavior changes - smoking, exercise, and dietary modification
- Cholesterol control
- Cardiovascular disease prevention
- Diabetes identification and control

Organizational Description

Chronic disease activities are currently located in two areas of the agency. Direct services are administered by the Bureau of Health Services through the Chronic Disease Unit. Health promotion activities are developed in the Office of Public Health Education, located in the office of the State Health Officer. Currently a group is working on plans to merge these two activities into a single unit.

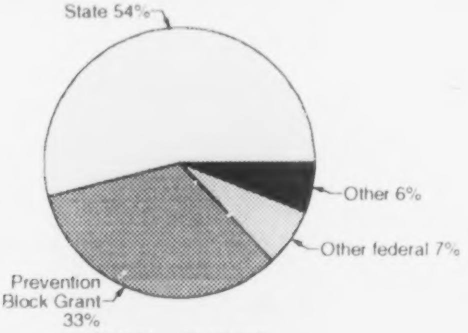
Total State Health Agency Expenditures, FY '89



TOTAL: $111 MILLION

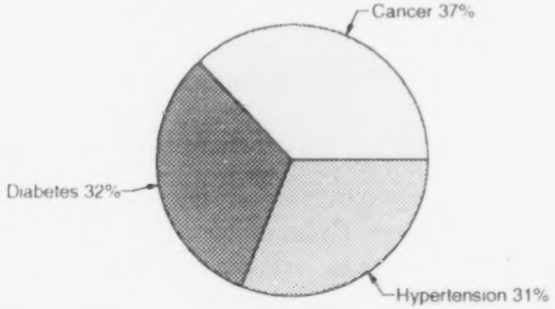
Mississippi

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



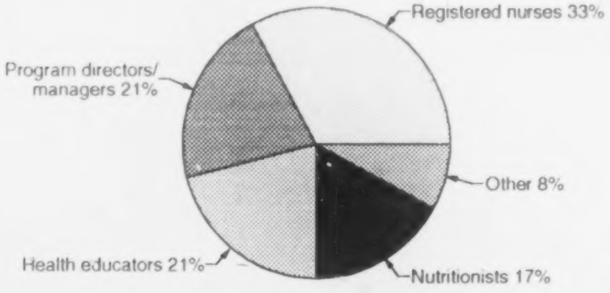
TOTAL: $642,575

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



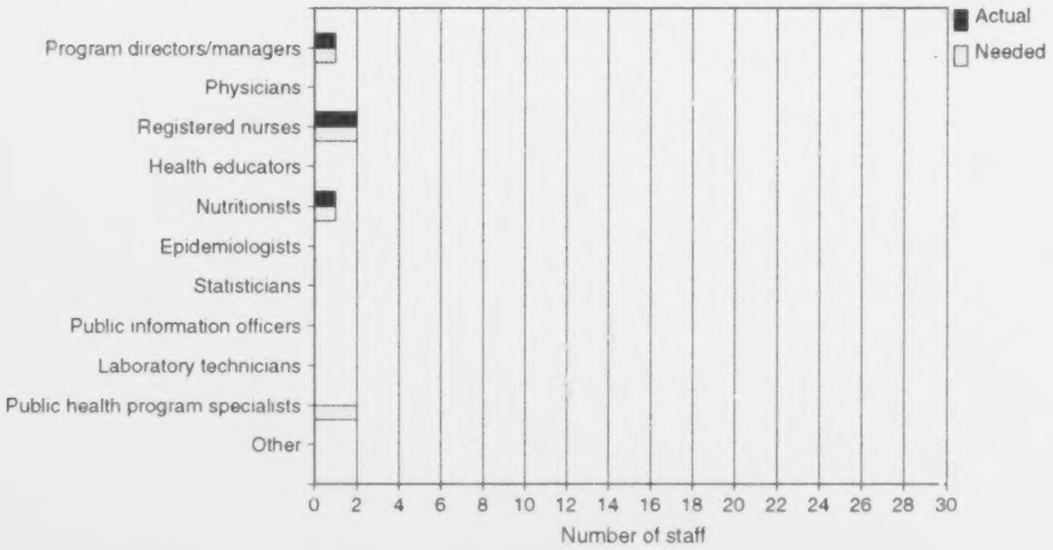
TOTAL: $642,575

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 6.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Missouri

State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco control
- Minority health
- Comprehensive school health education
- Nutrition education
- Environmental carcinogen control

Organizational Description

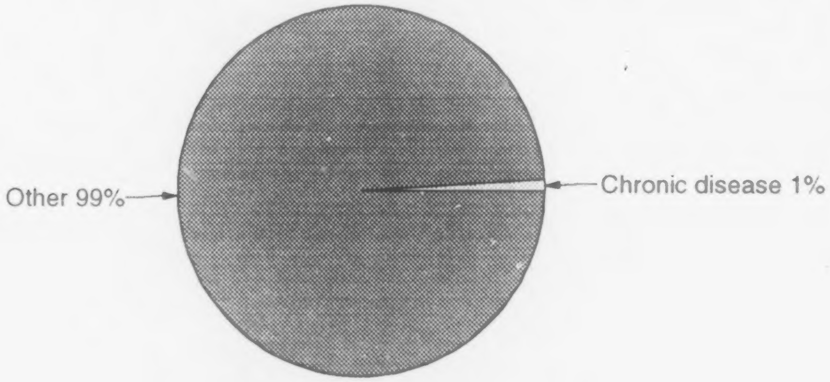
Activities in chronic disease control in the Missouri Department of Health are conducted by the Division of Chronic Disease Prevention and Health Promotion. The Division oversees statewide programs that are designed to combat the major causes of illness, disability, and premature death such as heart disease, cancer, stroke, diabetes, and arthritis. These programs are conducted in three Bureaus in the Division: Health Promotion; Smoking, Tobacco and Cancer; and High Risk Intervention.

The Bureau of Health Promotion develops and coordinates community- and school-based health promotion projects that focus on enhancing well-being and reducing behavioral risk factors. The Bureau also administers the smoking cessation in pregnancy project designed to reduce smoking among pregnant women who use public prenatal and WIC clinics.

The Bureau of Smoking, Tobacco and Cancer coordinates activities in tobacco use reduction, cancer control, and cancer surveillance. The Bureau oversees the Missouri Cancer Registry which collects, reviews, and analyzes information on cancer cases in Missouri and conducts epidemiologic studies.

The Bureau of High Risk Intervention develops and implements projects in hypertension, cholesterol, and diabetes control in urban and high risk populations. Minorities and the economically disadvantaged are among the special populations addressed.

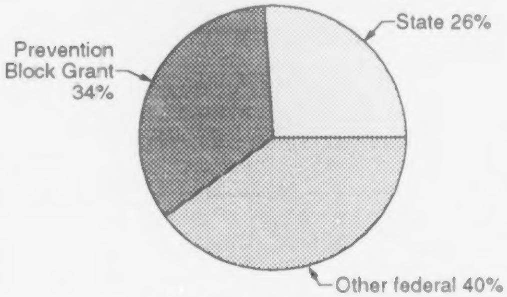
Total State Health Agency Expenditures, FY '89



TOTAL: $128 MILLION

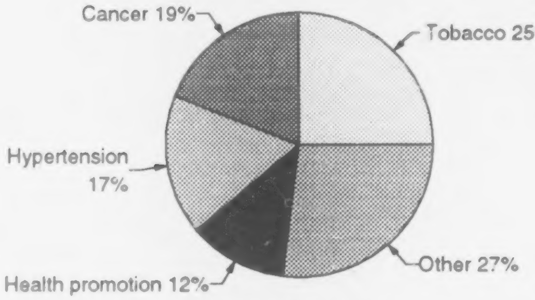
Missouri

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



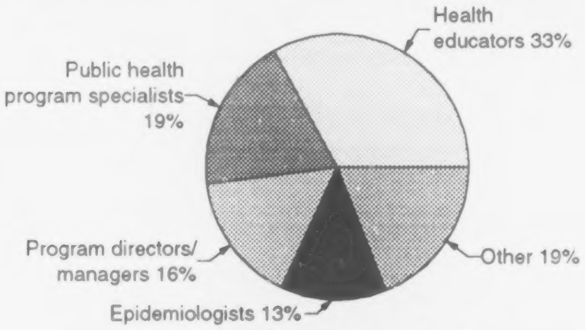
TOTAL: $1,712,716

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



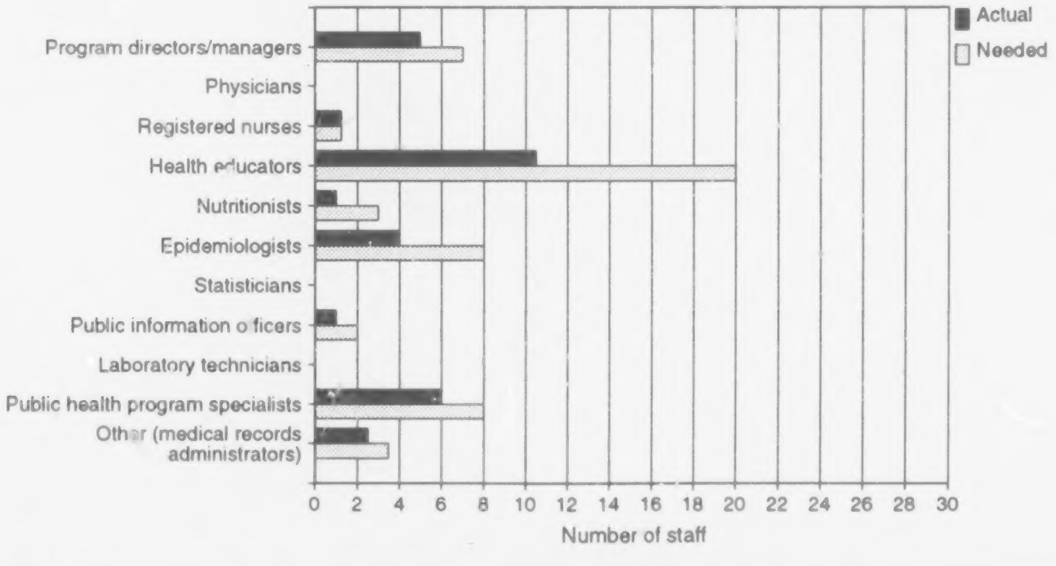
TOTAL: $1,712,716

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 31.65 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Montana

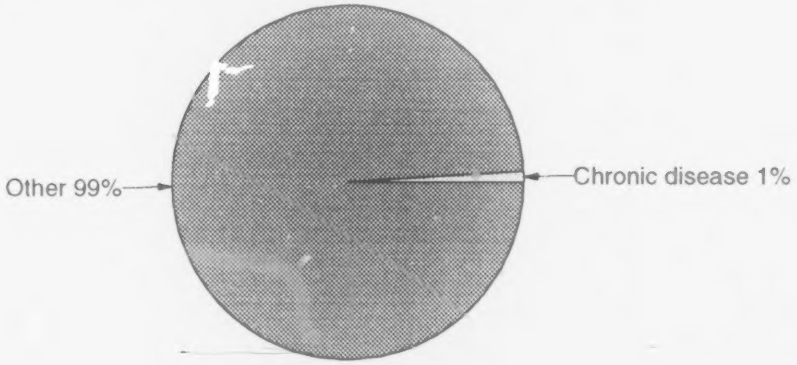
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco control
- Breast and cervical cancer
- Diabetes
- Injury control
- American Indian population

Organizational Description

Chronic Disease Control activities at the Montana Department of Health and Environmental Sciences are administered within the Preventive Health Services Bureau by a staff of 4 FTE. The Chronic Disease component is directed at preventive approaches to heart disease, cancer, and diabetes. The program focuses on increasing public awareness of the lifestyle behaviors associated with chronic disease, such as tobacco control, fitness, and nutrition. Community-based public health interventions by local health departments, rural hospitals, Indian Health Services, voluntary health associations, and schools are encouraged and supported. The Secondary Disabilities Project represents another component aimed at preventing behavior which might lead to further disability. The Montana Tumor Registry is administered through the Vital Records and Statistics Bureau.

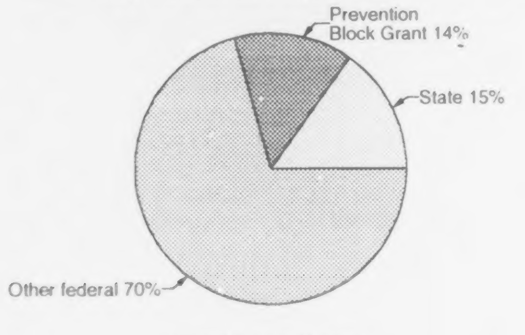
Total State Health Agency Expenditures, FY '89



TOTAL: $31.6 MILLION

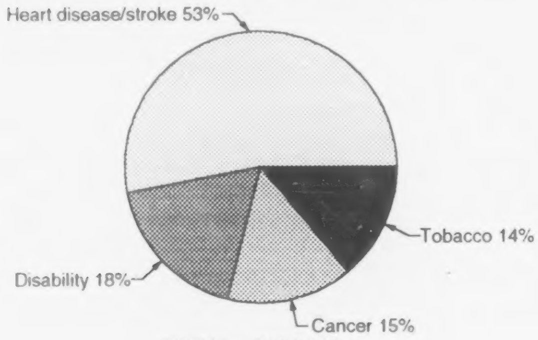
Montana

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



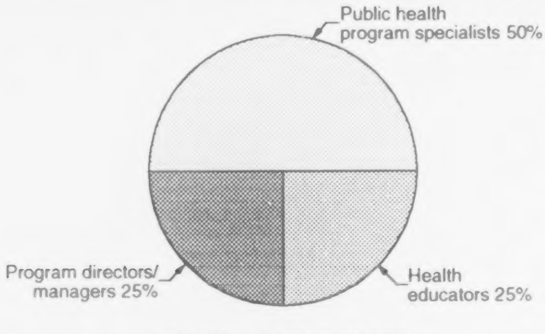
TOTAL: $366,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



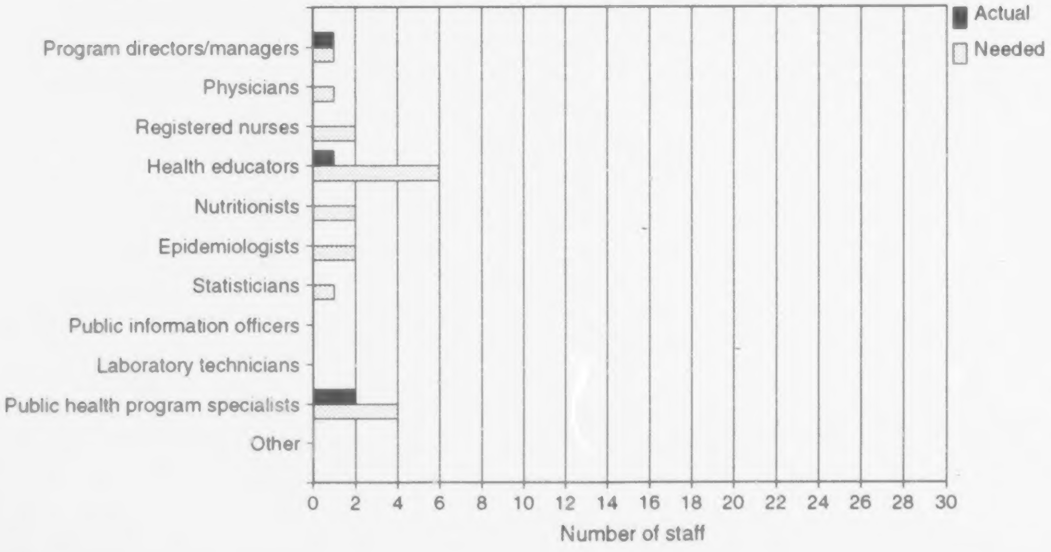
TOTAL: $366,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 4.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Nebraska

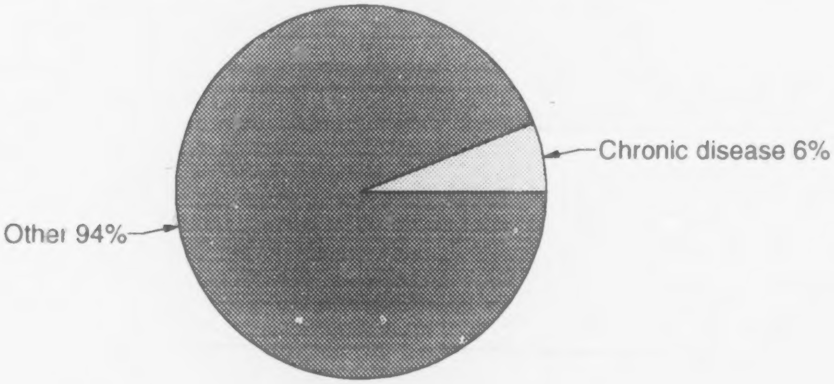
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Breast and cervical cancer
- Minority interventions
- Rural health issues relating to chronic disease
- Alzheimer's disease
- Smoking

Organizational Description

In the Nebraska Department of Health, Chronic Disease activities are organized by type of disease and by risk factor. The Chronic Disease Division and the Health Promotion/Education Division are both included in the Bureau of Health Promotion and Disease Prevention. Programs in the Chronic Disease Division are Diabetes, Cancer Control, Chronic Renal Disease, and Cancer and Smoking Disease Research. Health Promotion/Education deals with risk factors and provides special programs such as State Employee Wellness and School Health Consultation and the programs in cardiovascular areas of high blood pressure and high blood cholesterol.

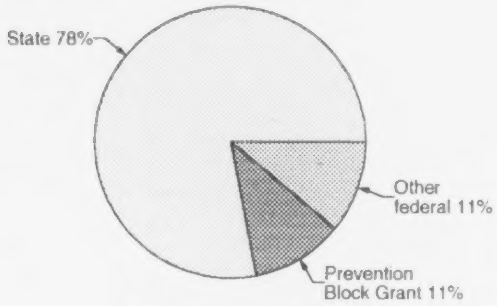
Total State Health Agency Expenditures, FY '89



TOTAL: $31 MILLION

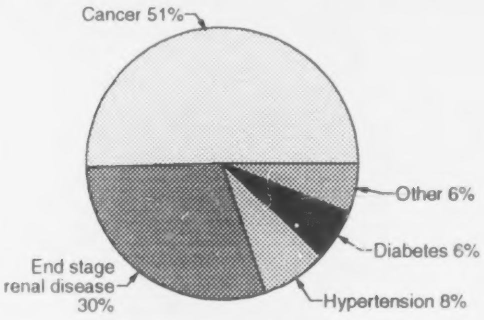
Nebraska

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



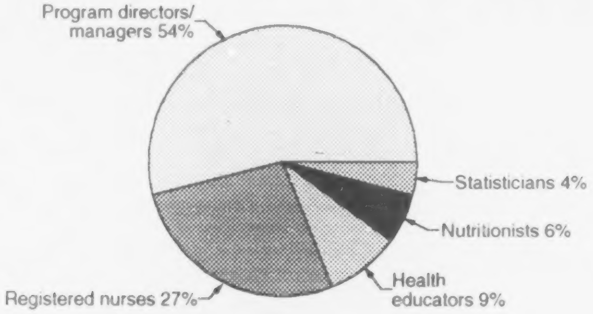
TOTAL: $1,956,137

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



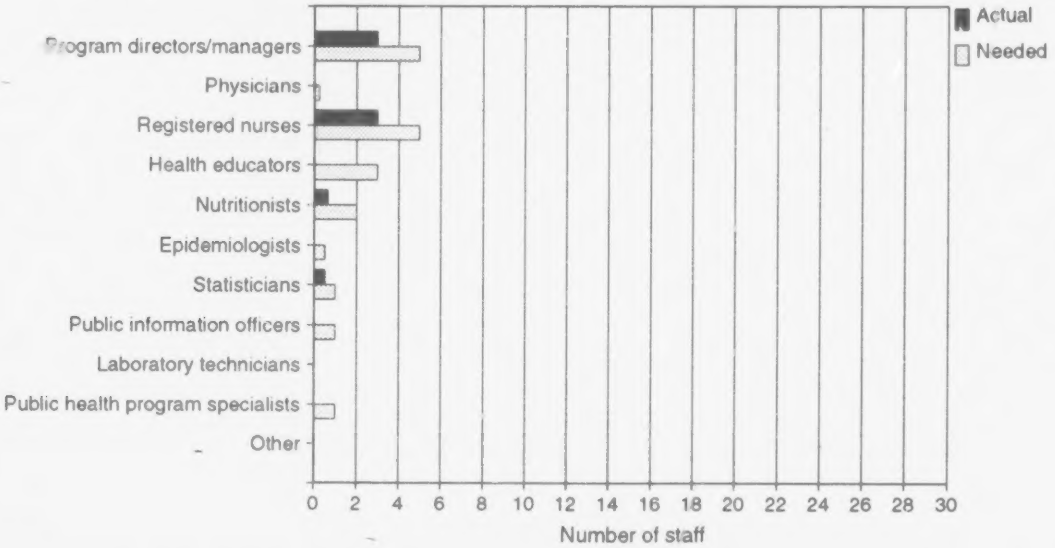
TOTAL: $1,956,137

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 11.15 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Nevada

State Health Agency's Top Chronic Disease Priorities for the 1990s

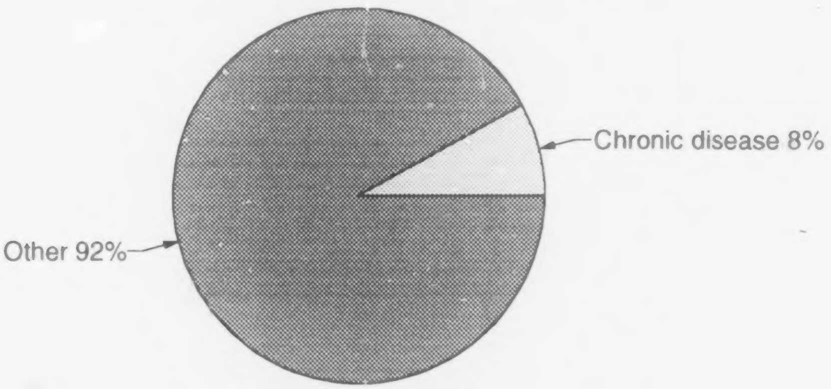
- Cancer - tobacco, radon
- Alcohol
- Hypertension

Organizational Description

There is no formally organized chronic disease program in Nevada. Plans are developing for health promotion and prevention utilizing health educator(s) in order to address our designation of having the second worst death rates in the U.S. for lung cancer, COPD, and chronic liver disease. Statewide data collection activities relating to chronic diseases include Vital Statistics and Cancer and Trauma Registries. A newly created and filled biostatistician position in the State Health Division will be analyzing this data for the first time to identify problems specific to Nevada. This insight will be used to gain legislative support for chronic disease prevention activities in the future.

Pap screening for cervical cancer is being performed in family planning clinics throughout the state. Studies and community education programs on radon emission and its potential dangers are ongoing.

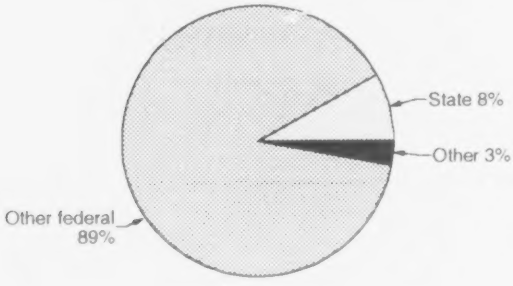
Total State Health Agency Expenditures, FY '89



TOTAL: $23 MILLION

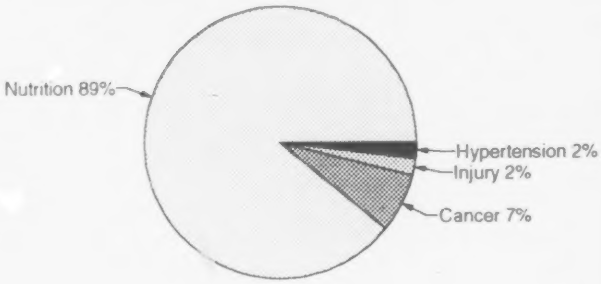
Nevada

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



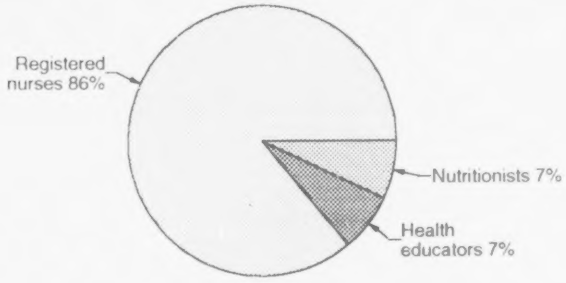
TOTAL: $1,930,737

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



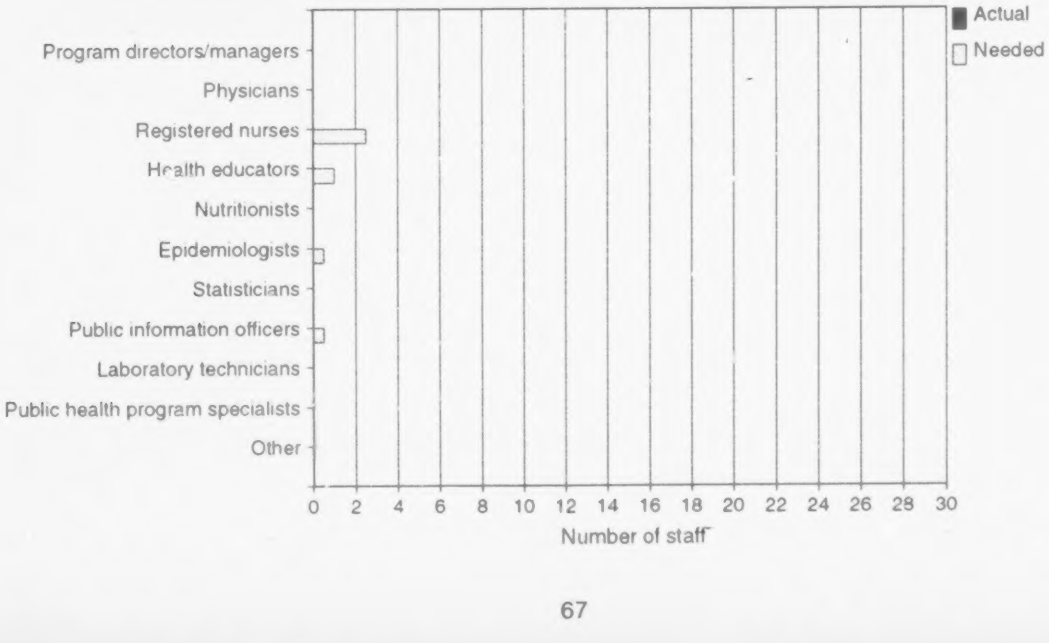
TOTAL: $1,930,737

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 1.45 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



New Hampshire

State Health Agency's Top Chronic Disease Priorities for the 1990s

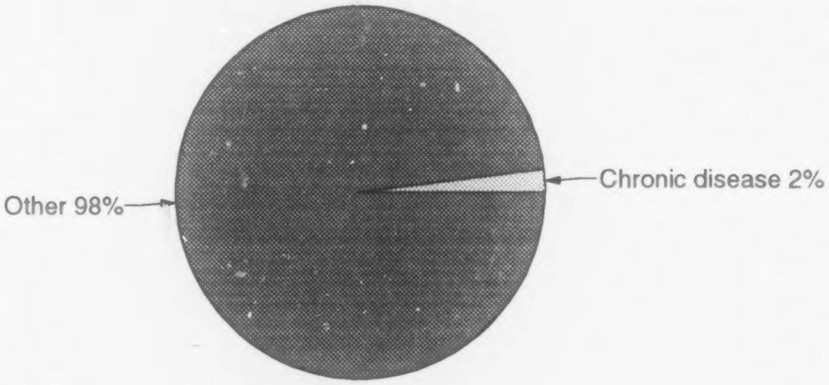
- Cancer - low income and elderly
- Tobacco use prevention - children and youth
- Extend chronic disease surveillance to monitor sentinel health events, rare outcomes, and other chronic diseases

Organizational Description

The NHDPHS Bureau of Health Promotion provides training, technical assistance, and educational resources primarily to professionals in the area of major risk factor(s) reduction/education. The Bureau oversees the BRFSS; NCI Data-Based Cancer Control Project; smoking law compliance; and various risk factor reduction projects in the areas of worksite health promotion, senior health promotion, cancer screening, and promotion of school health education.

The NHDPHS Chronic Disease Epidemiology Program conducts epidemiologic studies and surveillance of cancer and other chronic diseases, and oversees the State Cancer Registry. The Program provides New Hampshire-specific data to aid in chronic disease intervention in the state.

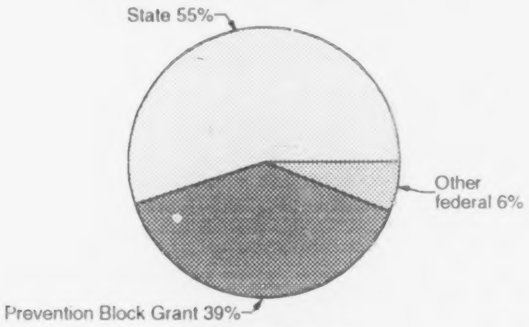
Total State Health Agency Expenditures, FY '89



TOTAL: $25 MILLION

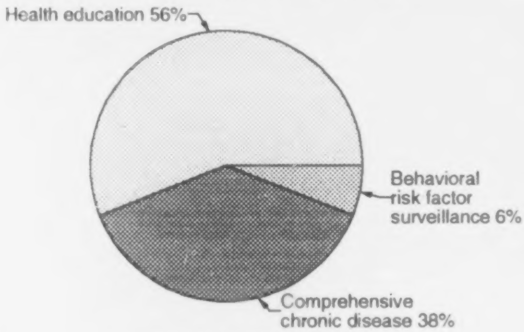
New Hampshire

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



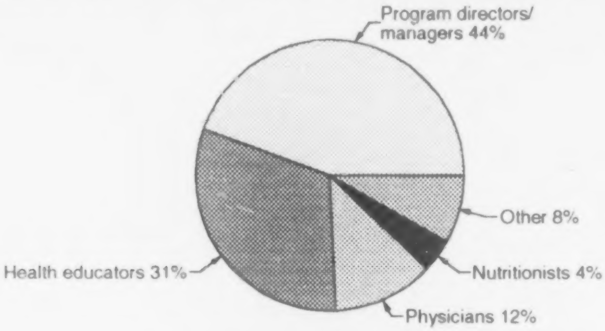
TOTAL: $439,500

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



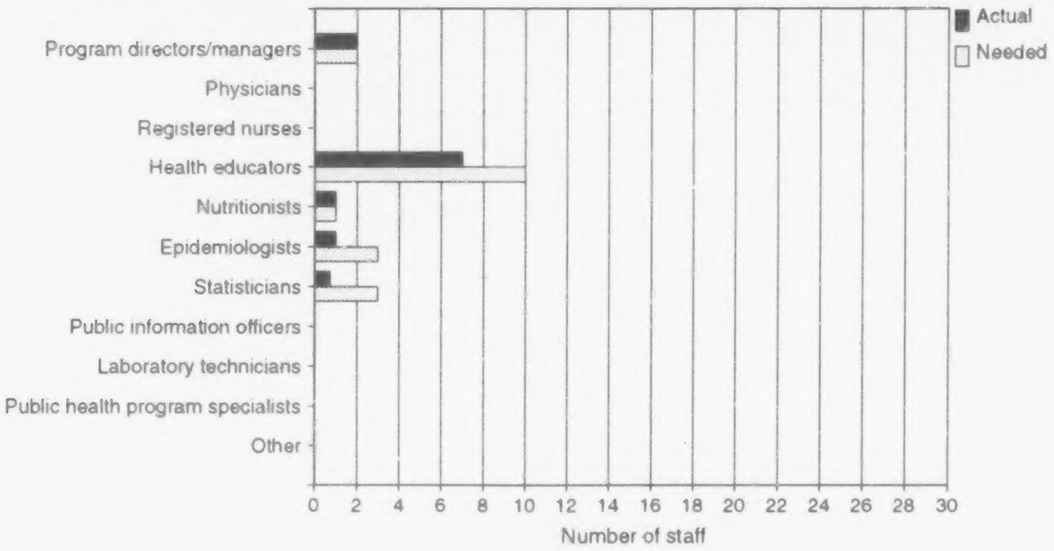
TOTAL: $439,500

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 22.5 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



New Jersey

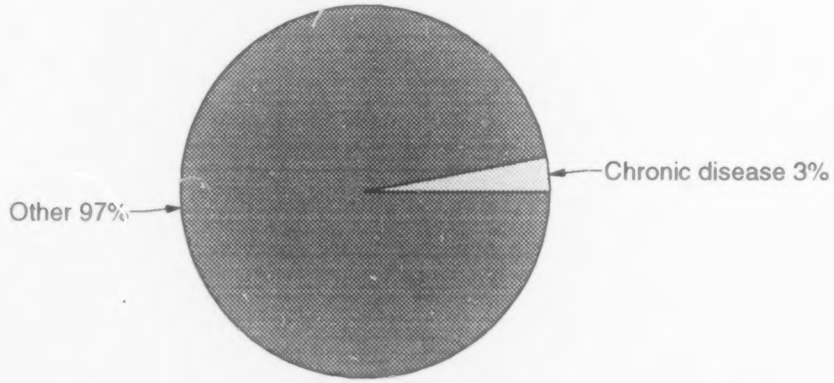
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Establish and maintain comprehensive chronic disease surveillance systems
- Move from disease categories to multiple risk factor interventions
- Minority health issues and improving access to preventive health care services
- Analysis of population trends and projection of changing health care needs in the New Jersey population
- Focus on statewide planning process

Organizational Description

The New Jersey State Department of Health supports activities to reduce the impact of cancer, cardiovascular and renal diseases, diabetes, and to serve the elderly. Chronic disease services are administered in three Divisions of the Department. Chronic disease surveillance, special studies, and evaluation are conducted by the Division of Epidemiology and Communicable Disease Control, Epidemiology and Research Services unit (Data Applications, Chronic Disease Research, and Cancer Registry Programs). Program planning and implementation are administered in the Division of Family Health Services, Health Promotion and Disease Control unit (Cancer Control and Risk Reduction; Diabetes, Renal and Cardiovascular Disease; and Gerontology Services Programs). Program evaluation is a joint effort of the two service units. Tobacco Use Control is a component of the Division of Addictive Services.

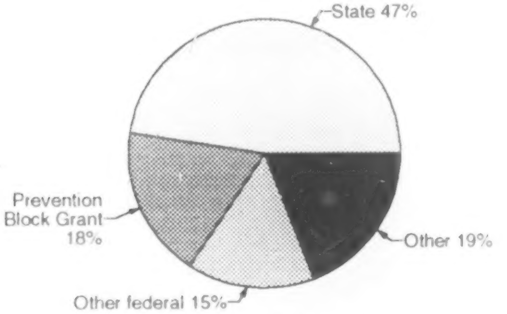
Total State Health Agency Expenditures, FY '89



TOTAL: $225 MILLION

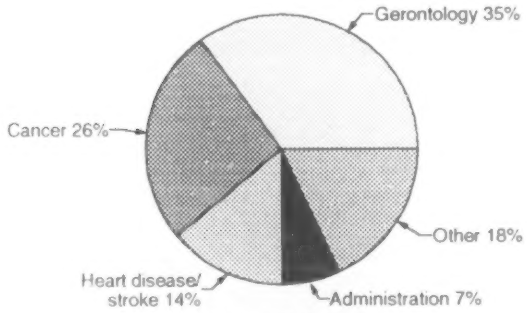
New Jersey

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



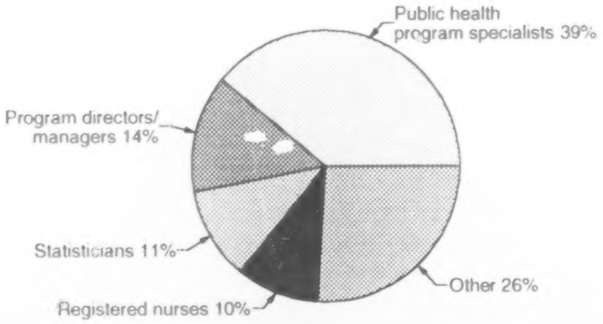
TOTAL: $7,572,266

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



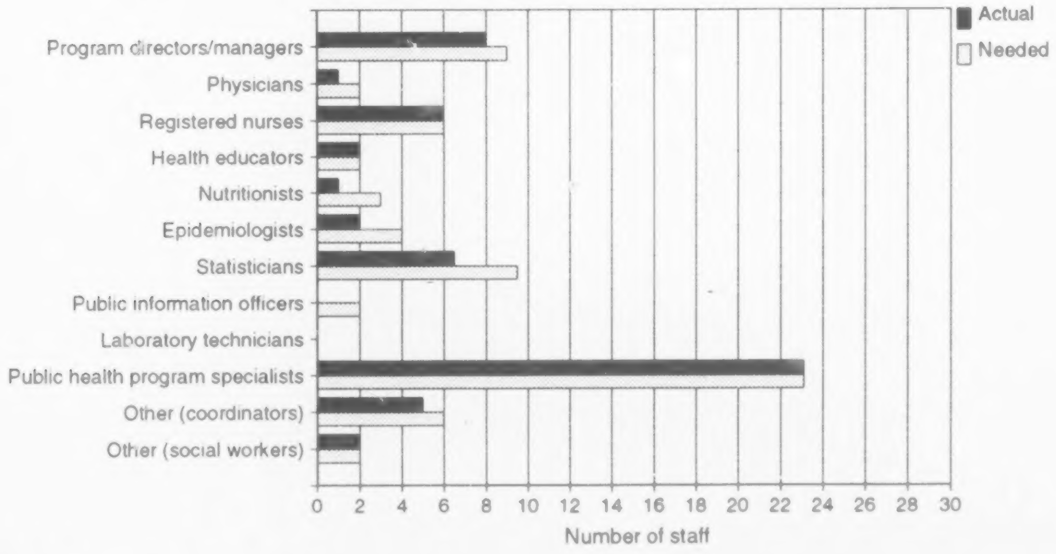
TOTAL: $7,572,266

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 58.7 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



New Mexico

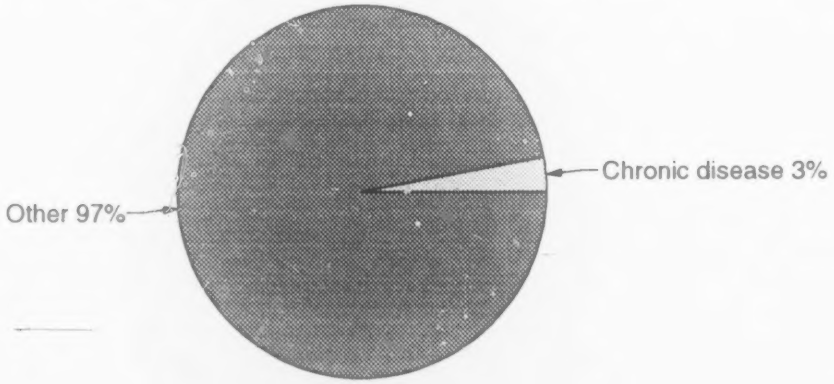
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Reaching underserved populations - youth, minorities, rural, low income
- Tobacco/alcohol
- Breast and cervical cancer
- Injuries (violence)
- Diabetes

Organizational Description

Chronic Disease Prevention Programs are organized as part of the Health Promotion Bureau, Public Health Division of the New Mexico Health and Environment Department. Areas addressed in this Section include: cardiovascular disease/diabetes, cancer prevention, chronic disease prevention, nutrition, tobacco use prevention, worksite health programs, and program evaluation. Centrally, seven professional staff are dedicated to this section. Eighteen professional staff target different aspects of chronic disease prevention in the four health districts statewide. The field staff are organizationally responsible to the district management staff, not to the central staff.

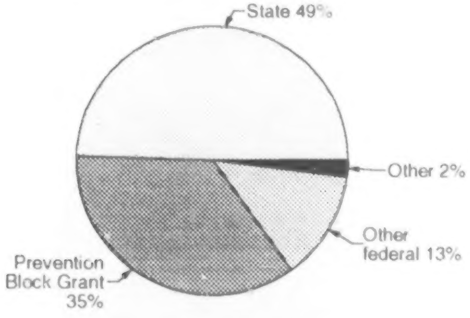
Total State Health Agency Expenditures, FY '89



TOTAL: $49 MILLION

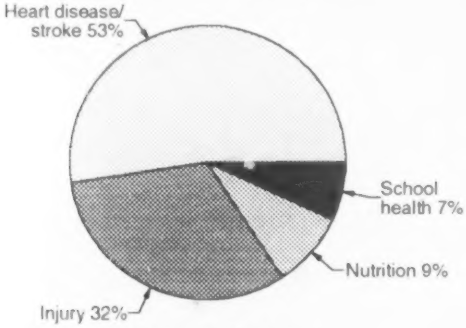
New Mexico

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



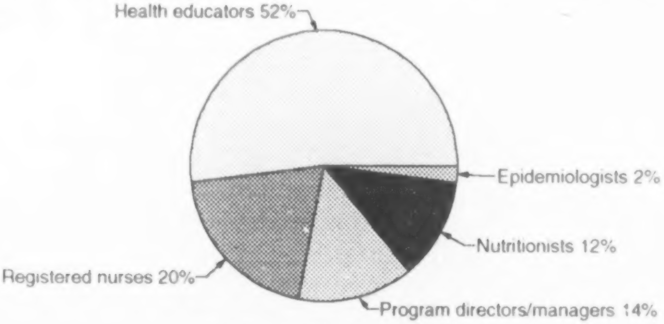
TOTAL: $1,498,800

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



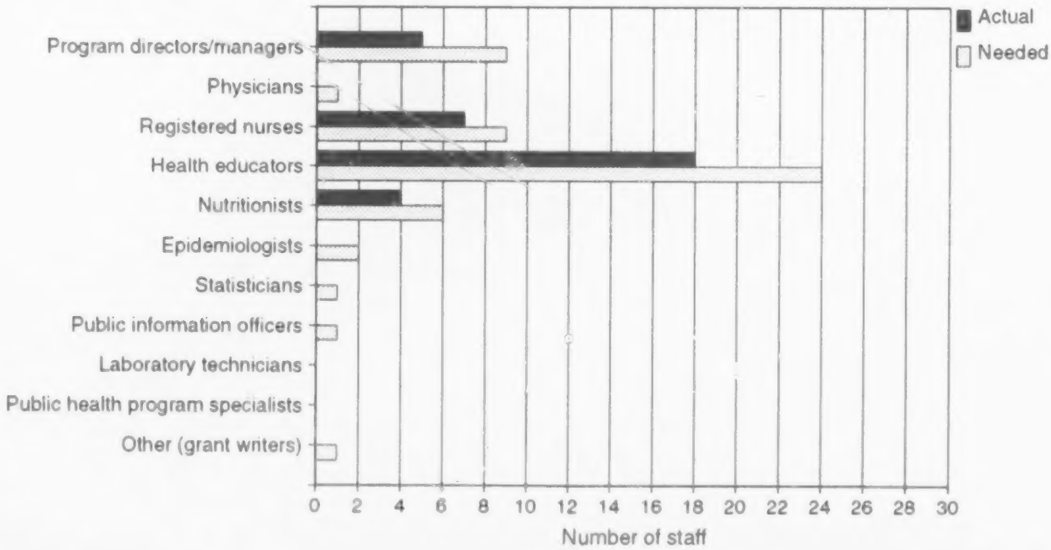
TOTAL: $1,498,800

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 34.75 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



New York

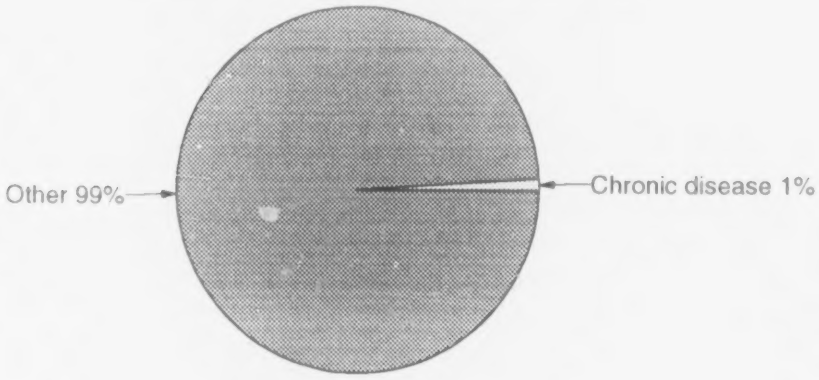
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Coronary heart disease prevention and control
- Breast, cervical, lung, and skin cancer
- Diabetes control
- Nutritional intervention targeted to low-income minorities
- Injury control

Organizational Description

Within the New York State Department of Health, the Office of Public Health (OPH) is dedicated to prevention of accidents and disease through education, research and public health services. The Center for Community Health is one of three major centers in OPH and is responsible for health promotion and disease prevention activities. Community health programs of this center include the divisions of Family Health, Epidemiology, Public Health Protection, the Nutrition Program and the AIDS Institute. The Center also administers the Maternal and Child Health Services Block Grant, Community Health Worker and Indian Health programs. The Division of Family Health administers programs for prevention of cardiovascular disease, cancer, diabetes and other chronic diseases, as well as promotion of healthy lifestyles for children, adolescents, and adults. The Division of Epidemiology supports screening programs for identification of risk factors, epidemiologic investigation surveillance and prevention programs. The Nutrition Program serves and monitors the nutrition requirements of New York's residents and includes a nutrition surveillance component.

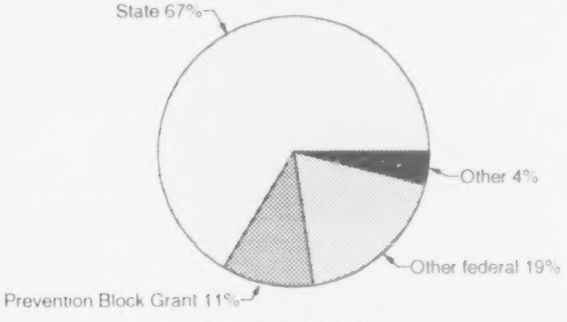
Total State Health Agency Expenditures, FY '89



TOTAL: $838 MILLION

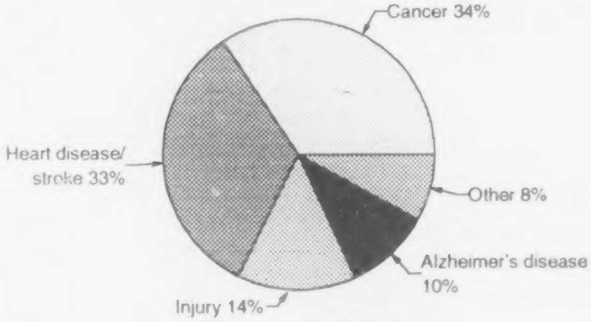
New York

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



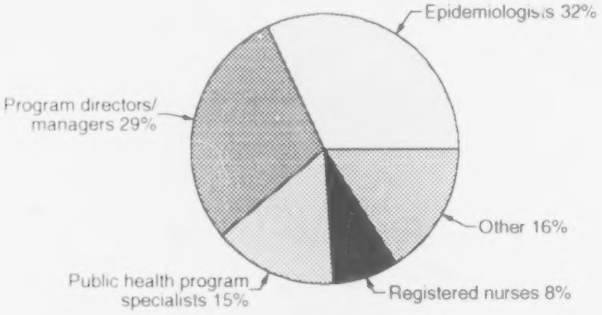
TOTAL: $9,190,217

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



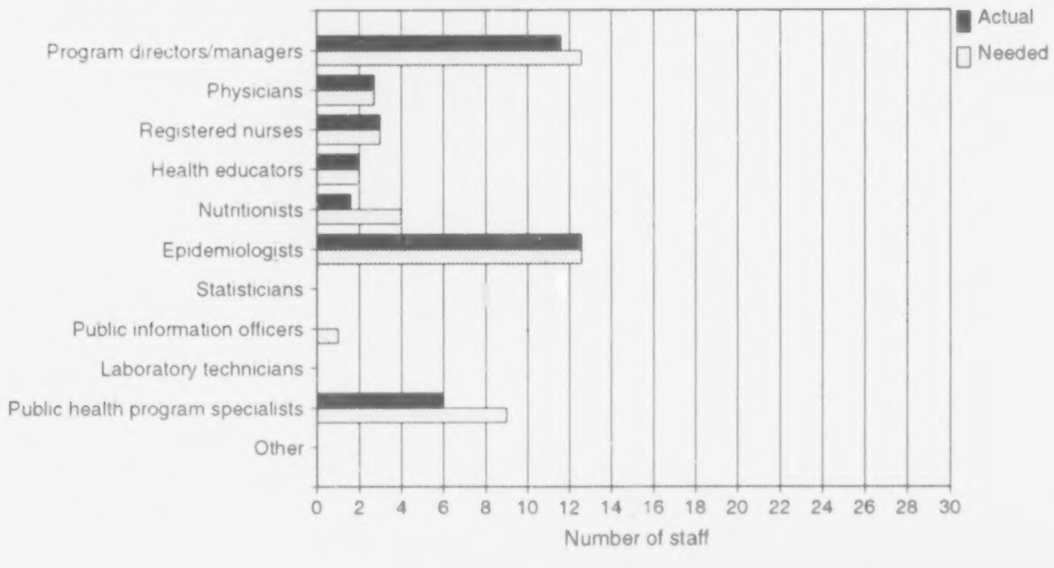
TOTAL: $9,190,217

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 39.55 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



North Carolina

State Health Agency's Top Chronic Disease Priorities for the 1990s

- Risk factor reduction
- Early detection of chronic diseases
- Access to preventive and primary care services for underserved populations
- Minority health
- Older adult health and quality of life

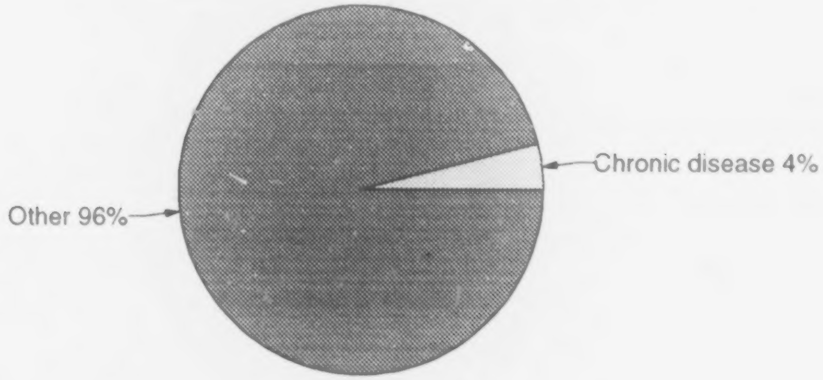
Organizational Description

The Division of Adult Health is part of the North Carolina Department of Environment, Health, and Natural Resources. The goal of the Division of Adult Health is to reduce the incidence of mortality and disability through the application of proven, effective public health measures.

The Division manages a variety of public health programs to prevent and control chronic disease and provide treatment and other essential health care services to at-risk adults. Division of Adult Health Programs include Adult Health, Arthritis, Diabetes, Hypertension, Statewide Health Promotion, Renal Disease Prevention, Cancer Control, Epilepsy and Neurological Disorders, Home Health, Human Tissue Donation, Migrant Health, Refugee Health and Renal Disease. The Division also has received funding for a variety of special projects. Funds to support these programs and projects come from state, federal and private sources.

The Division works with other agencies on special chronic disease and injury initiatives. Chief among these are the Divisions of Maternal and Child Health, Aging, Epidemiology, Dental Health, and Statistics and Information Services.

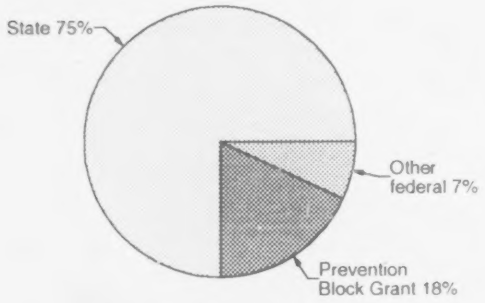
Total State Health Agency Expenditures, FY '89



TOTAL: $179 MILLION

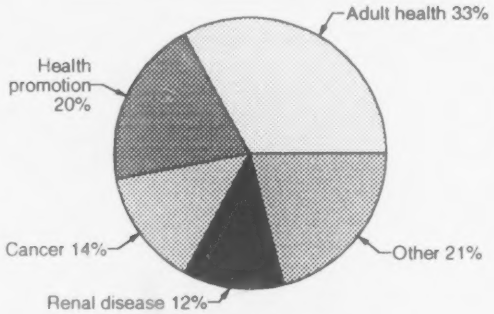
North Carolina

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



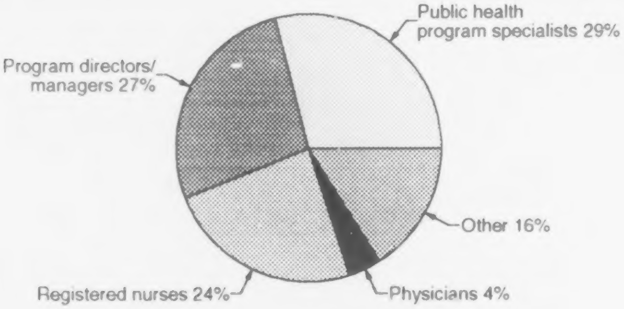
TOTAL: $7,947,351

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



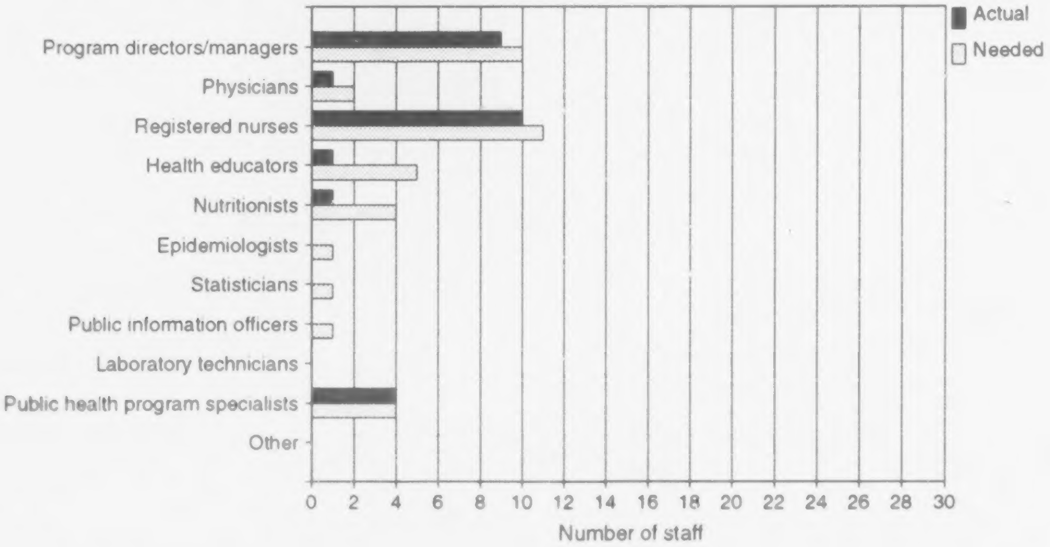
TOTAL: $7,947,351

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 45.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



North Dakota

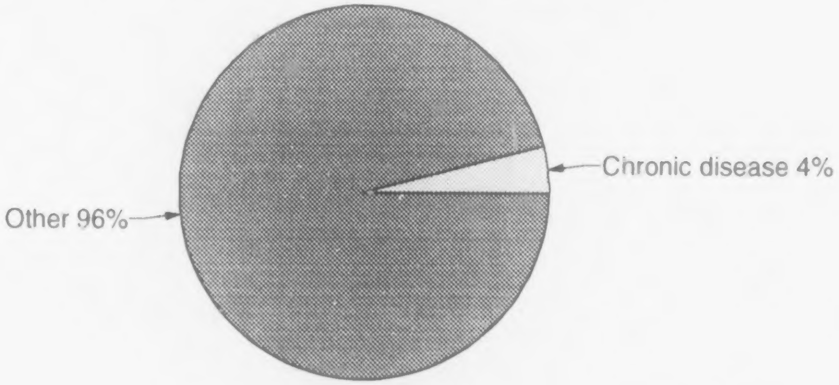
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco prevention and control
- Cancer
- Heart disease
- Injury Control
- Diabetes

Organizational Description

Chronic disease activities are carried out through the four divisions of the Preventive Health Section and coordinated by a Chronic Disease Working Group. The Division of Health Promotion and Education is responsible for smoking and health activities, the Behavioral Risk Factor Surveillance System, comprehensive school health, cancer control activities, and assisting communities with cardiovascular disease programs. The Division of Disease Control administers the diabetes control program and the statewide injury surveillance system. The Division of Maternal and Child Health promotes maternal and infant health, coordinates the family planning program, and promotes health through good nutrition. The Division of Public Health Services provides administrative assistance to local health departments, monitors the cholesterol quality control program, and develops standards for community preventive health services.

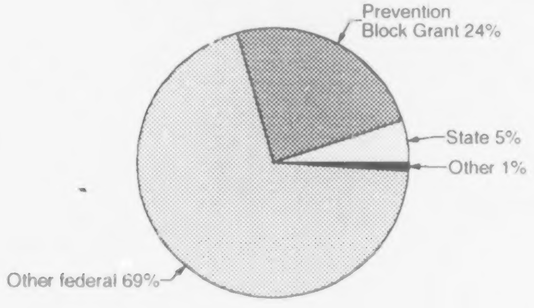
Total State Health Agency Expenditures, FY '89



TOTAL: $21 MILLION

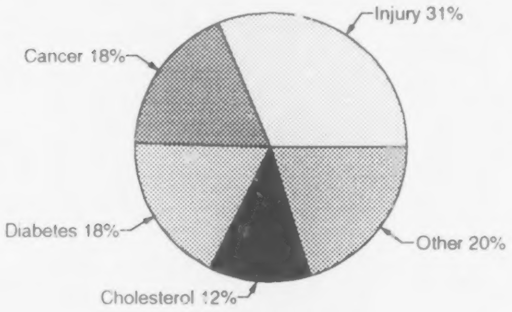
North Dakota

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



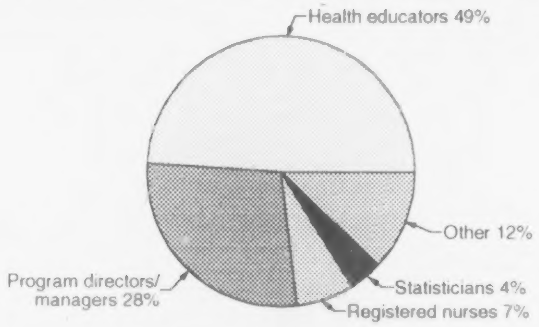
TOTAL: $751,533

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



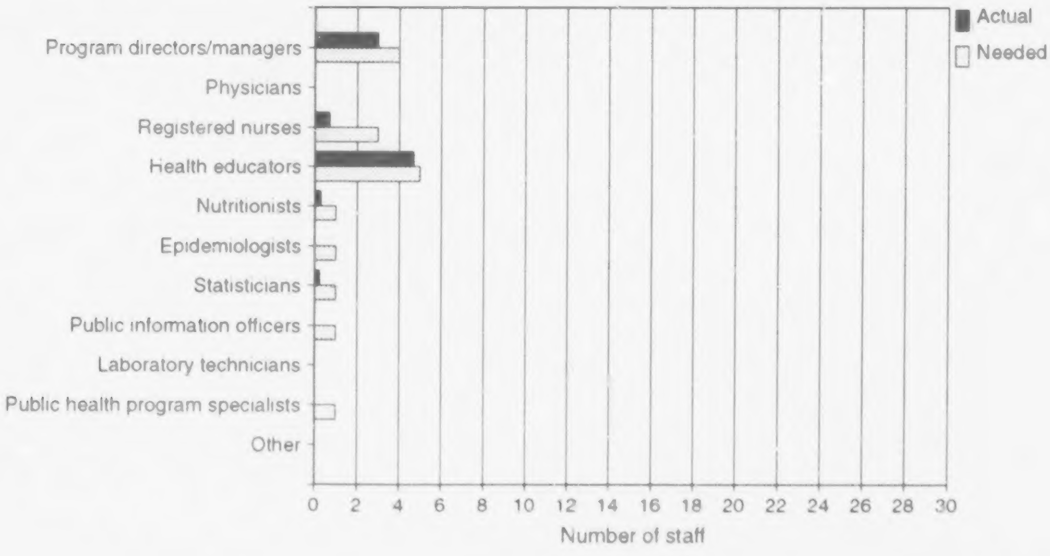
TOTAL: $751,533

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 11.55 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Ohio

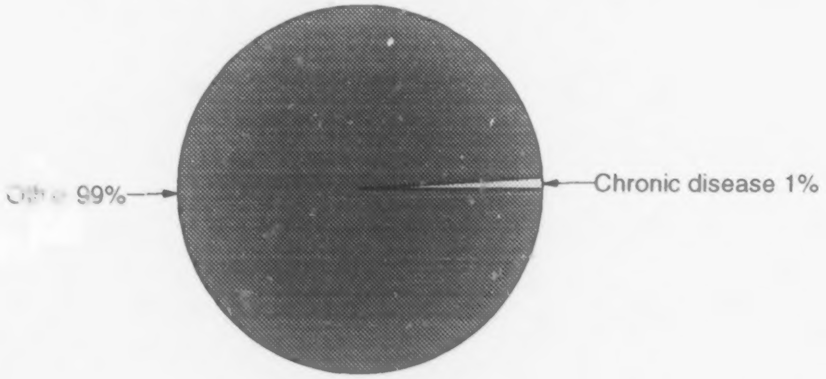
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Cancer - especially breast and cervical
- Increased emphasis on minority/underserved populations
- Program linkages between cardiovascular disease-related diseases and risk factors

Organizational Description

The Bureau of Chronic Disease (BChD) is one of five bureaus in the Division of Preventive Medicine. The other bureaus are Health Promotion and Education, Epidemiology, Occupational Health, and Communicable Diseases. The Division of Preventive Medicine is one of six Divisions that make up the Ohio Department of Health. The BChD works most closely with the Bureau of Health Promotion and Education and the Bureau of Epidemiology. The BChD is organized into two branches. The Chronic Disease Prevention Branch includes the program units of Cancer, Risk Factors (tobacco, chronic disease nutrition, and BRFS), and Head Injury. The Chronic Disease Control Branch includes the program units of Arthritis/Lupus, CVD, and Diabetes.

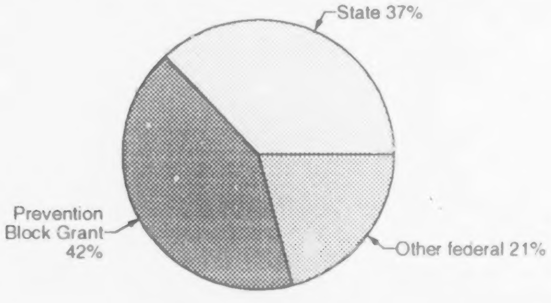
Total State Health Agency Expenditures, FY '89



TOTAL: $199 MILLION

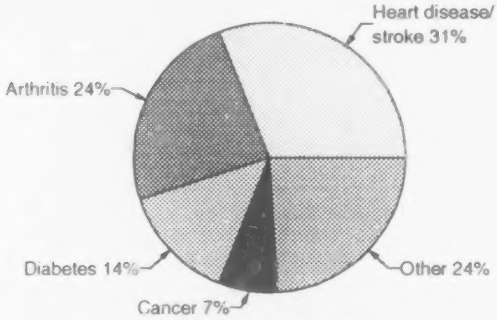
Ohio

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



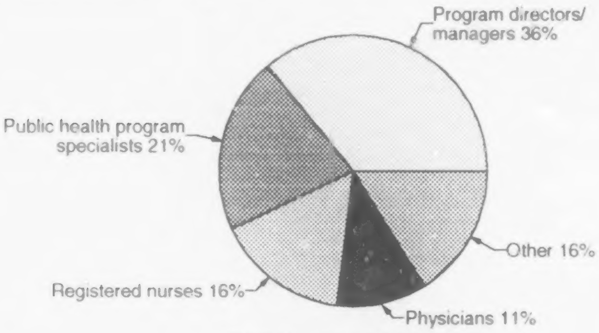
TOTAL: $1,862,500

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



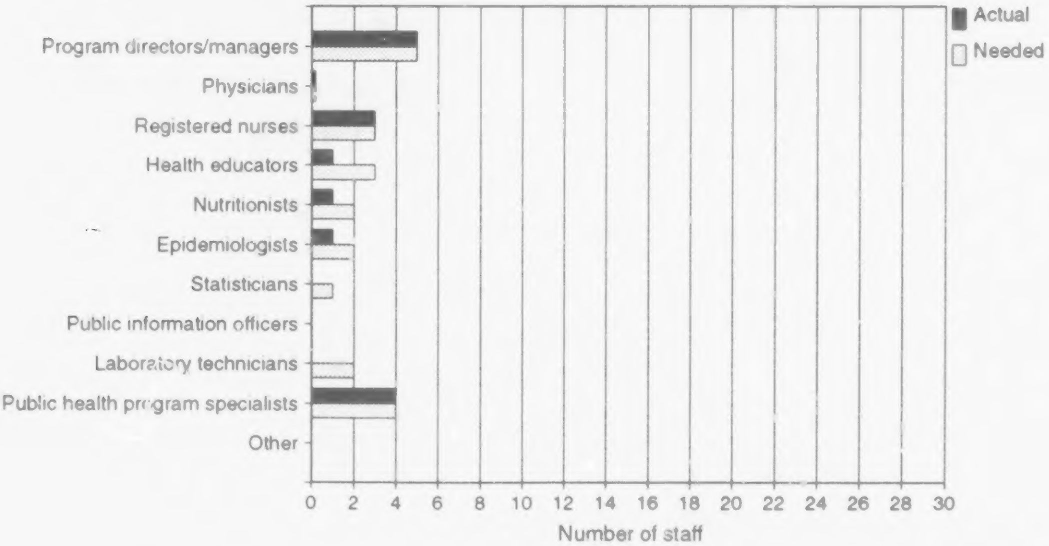
TOTAL: $1,862,500

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 19.2 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Oklahoma

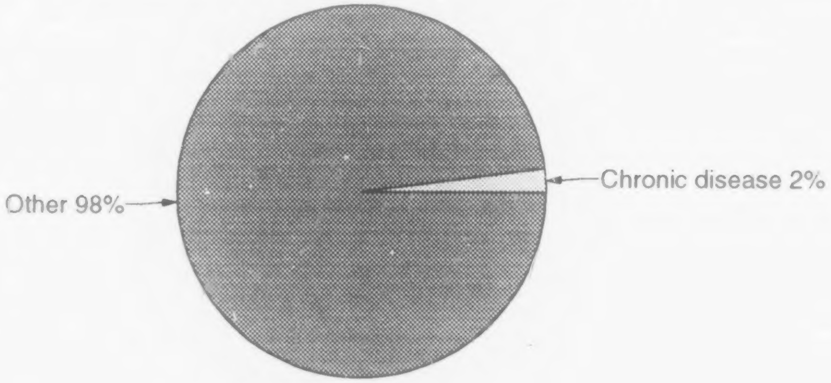
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Cervical and breast cancer
- Smoking and tobacco control
- Diabetes and healthy nutrition
- Alzheimer's disease and traumatic brain injuries
- Motor vehicle injuries

Organizational Description

The Chronic Disease Service, Oklahoma State Department of Health, focuses its primary and secondary prevention program activities on the three (3) major killers of Oklahomans: heart and cardiovascular diseases; breast, cervical, and colorectal cancers; and diabetes. Through a multidisciplinary approach, staff provide technical consultation, disease surveillance, and development of preventive programs which detect, prevent and/or delay complications of chronic diseases to its local units and to other health providers. The cardiovascular risk reduction program "Healthy Heart" addresses cardiovascular risk factors such as smoking, high blood pressure, and high blood cholesterol. This program is population targeted and emphasizes coordination with business and industry. "I'm in Control," a community-based education program, targets persons with non-insulin dependent diabetes mellitus in rural settings. The program's focus is self-care management and early detection of complications. The Service facilitates early detection of cervical cancer through 11 regional cervical dysplasia clinics.

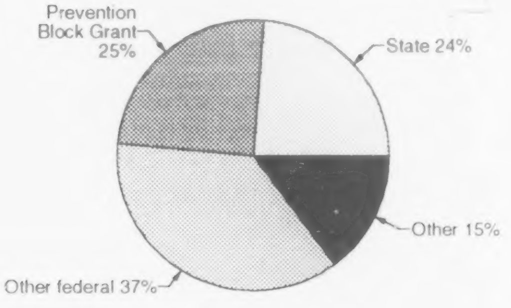
Total State Health Agency Expenditures, FY '89



TOTAL: $98 MILLION

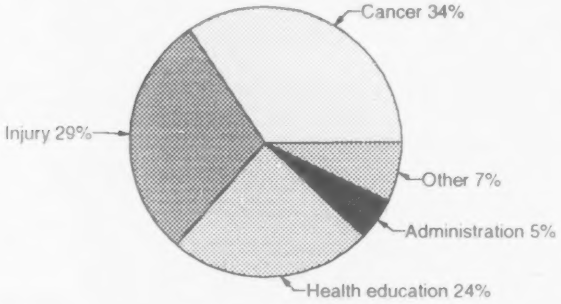
Oklahoma

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



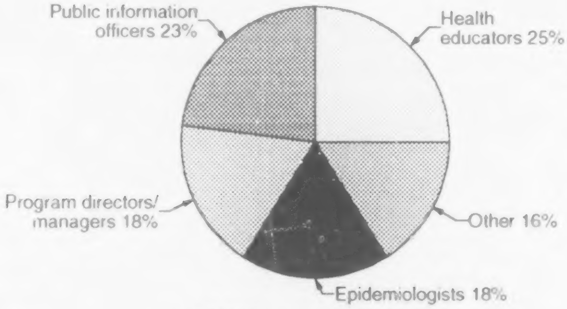
TOTAL: $2,014,160

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



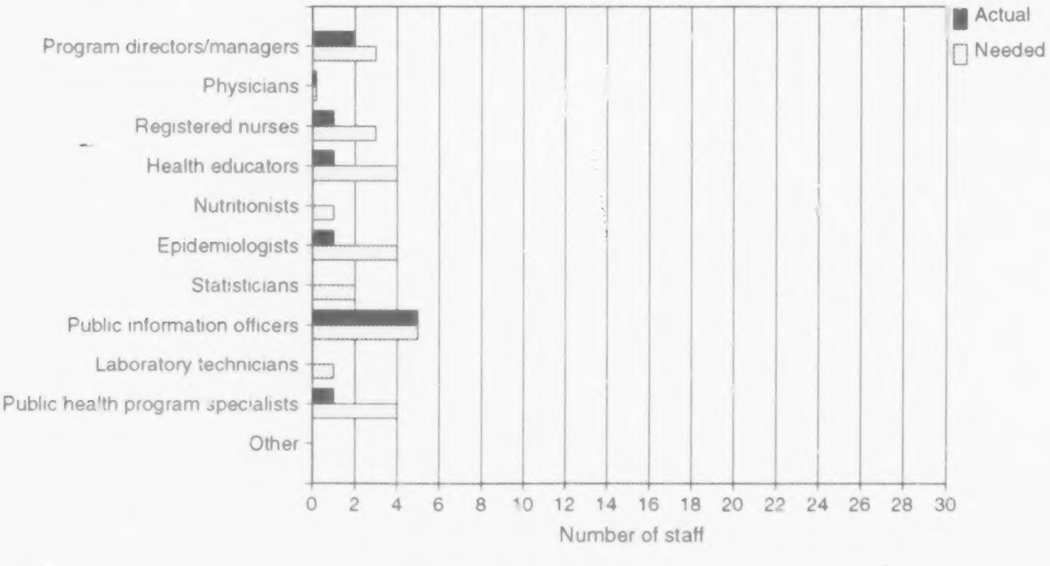
TOTAL: $2,014,160

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 21.9 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Oregon

State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco cessation
- Drug and alcohol abuse
- Breast and cervical cancer
- Services for blacks
- Services for hispanics

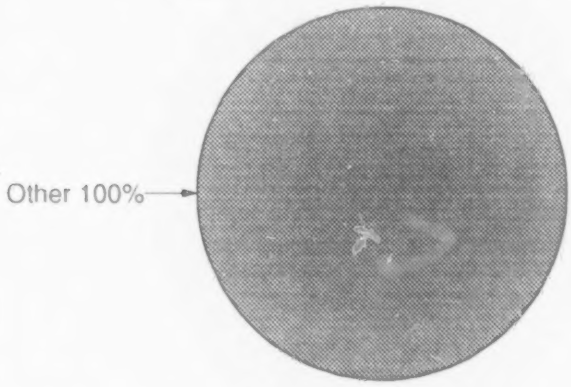
Organizational Description

The state of Oregon currently does not have an office that deals with issues of chronic disease. We are currently exploring that option and the option of grant writing in the area of tobacco and cancer.

Presently, at the local level, we provide tobacco cessation information to all pregnant clients. Some local health departments do chronic disease screening program with the elderly.

Oregon has a small pediatric injury prevention program.

Total State Health Agency Expenditures, FY '89



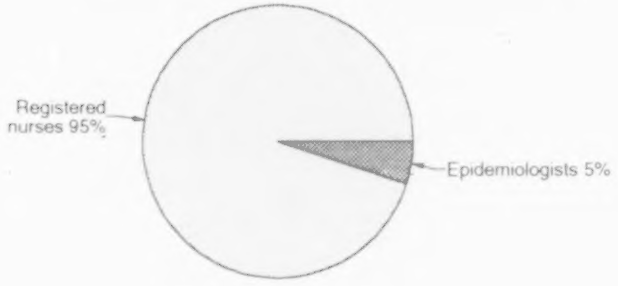
TOTAL: $51 MILLION*

*The state health agency in Oregon reported that $0 were expended for chronic disease activities.

Oregon

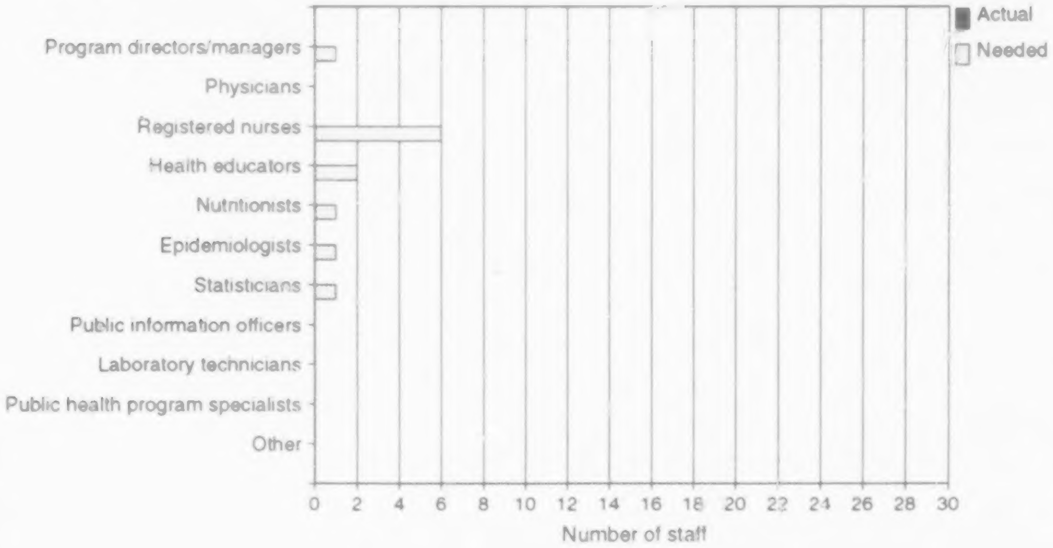
The state health agency in Oregon reported that $0 were expended for chronic disease activities in FY 1989

Health Professionals Employed in Both Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 2.1 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Pennsylvania

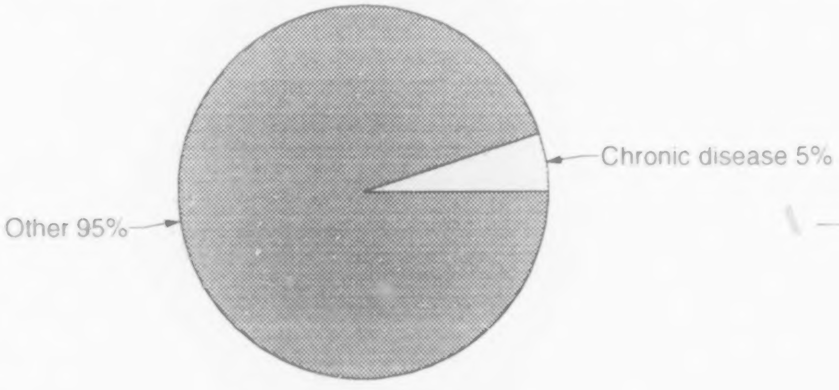
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Directing chronic disease services based on chronic disease risk appraisals
- Focusing chronic disease services on low socioeconomic status, low access to health care populations
- Increased involvement of communities in community-based chronic disease programs
- Increased program activities in changing unhealthy behaviors
- Quality assurance of mammography, cervical cancer, and cholesterol screening services

Organizational Description

Two of the Divisions within the Bureau of Epidemiology and Disease Prevention provide the organizational home for most of the Department's chronic disease activities. Its Division of Chronic Disease Intervention has the following programs: Cardiovascular Risk Reduction, Diabetes, Cancer Control, Chronic Respiratory Disease, and Arthritis/Lupus. Its Division of Health Promotion also operates related programs for: General Health Risk Reduction, Nutrition Consultation, Injury Prevention, Tobacco Control, and the Governor's Council on Physical Fitness and Sports Medicine. A sister Bureau of Special Public Health Services operates the Head Injury Program and programs for Chronic Renal Disease, various blood disorders, and a variety of children's rehabilitative services. Drug and Alcohol Programs are under a separate Deputy. Most services are provided through contractors.

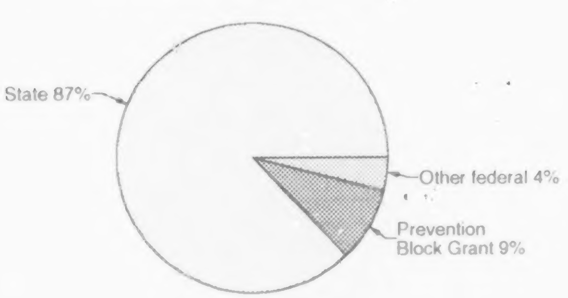
Total State Health Agency Expenditures, FY '89



TOTAL: $306 MILLION

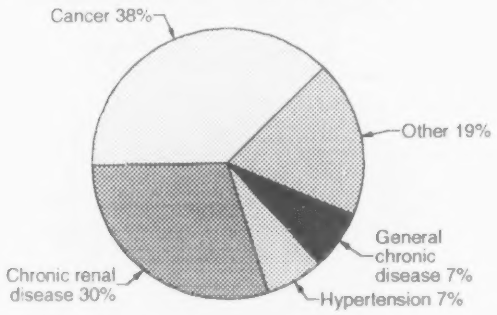
Pennsylvania

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



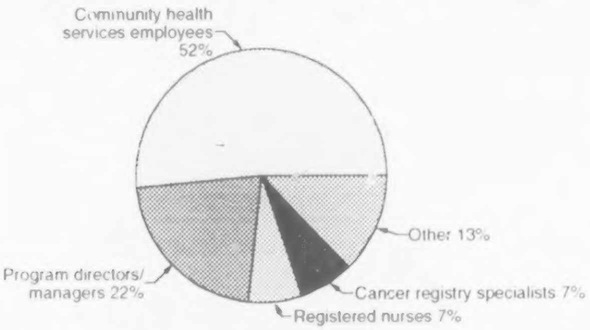
TOTAL: $14,995,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



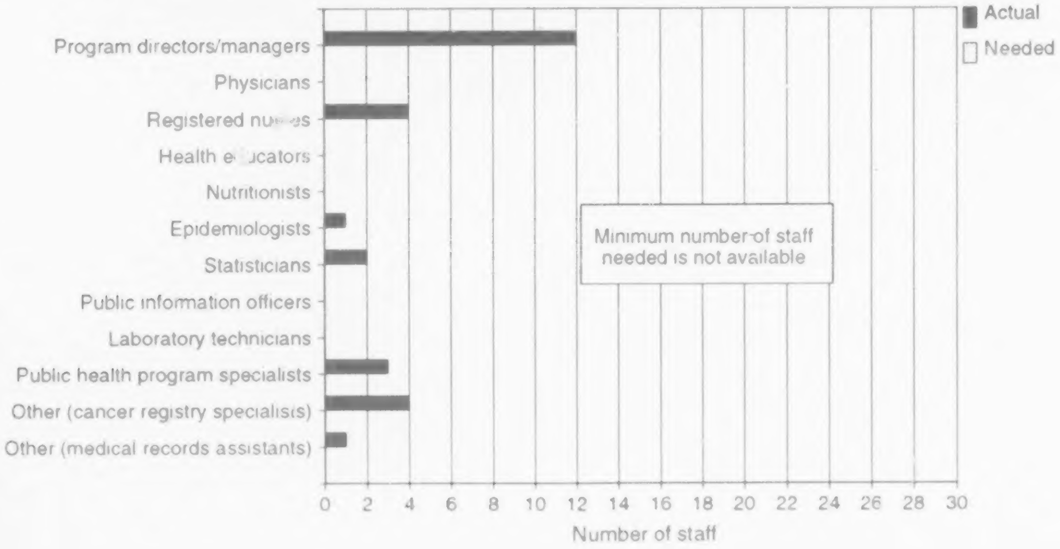
TOTAL: $14,995,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 55.42 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Rhode Island

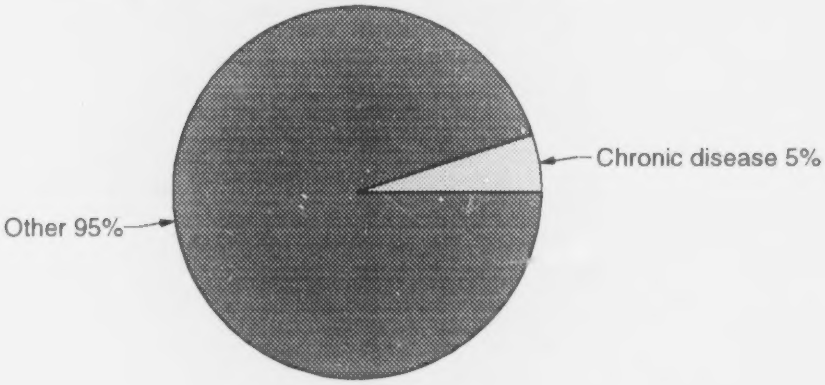
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Reduce cardiovascular disease prevalence
- Reduce cancer prevalence
- Reduce smoking prevalence
- Improve diet and increase prevalence of physical activity; reduce obesity
- Increase health promotion among minority populations

Organizational Description

Chronic disease activities in the Rhode Island Department of Health are organized for the most part into two offices: 1) the Office of Chronic Disease in the Division of Disease Control and 2) the Office of Health Promotion in the Division of Health Policy. The Office of Chronic Disease concentrates on secondary prevention (i.e., screening); the Office of Health Promotion focuses on primary prevention (i.e., lifestyle/behavior change). The main programmatic thrusts of the Office of Chronic Disease include: surveillance, education and quality assurance for diabetes, breast cancer, and cervical cancer. The Office of Health Promotion focuses on behavioral risks related to tobacco, exercise, nutrition, substance abuse, and seat belts. The major programmatic initiatives include: public health education/mass media, school health education/teacher training, worksite and community-based interventions, behavior risk survey and analysis, and policy development.

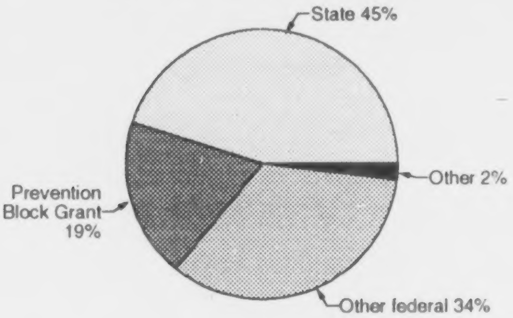
Total State Health Agency Expenditures, FY '89



TOTAL: $41 MILLION

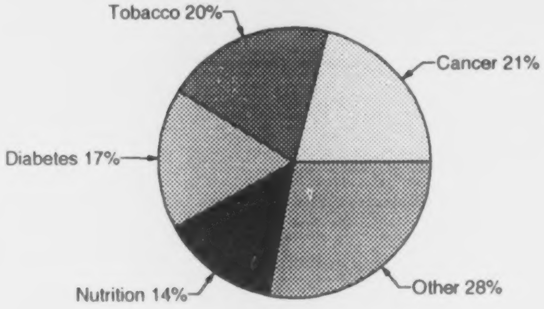
Rhode Island

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



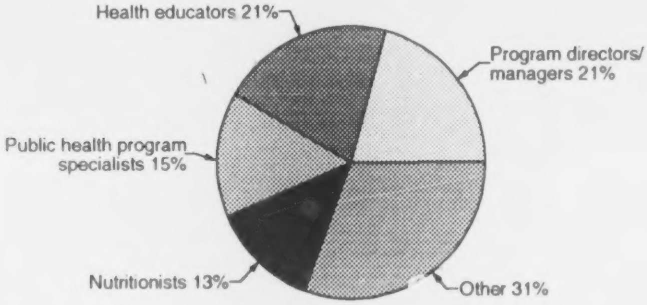
TOTAL: $2,184,301

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



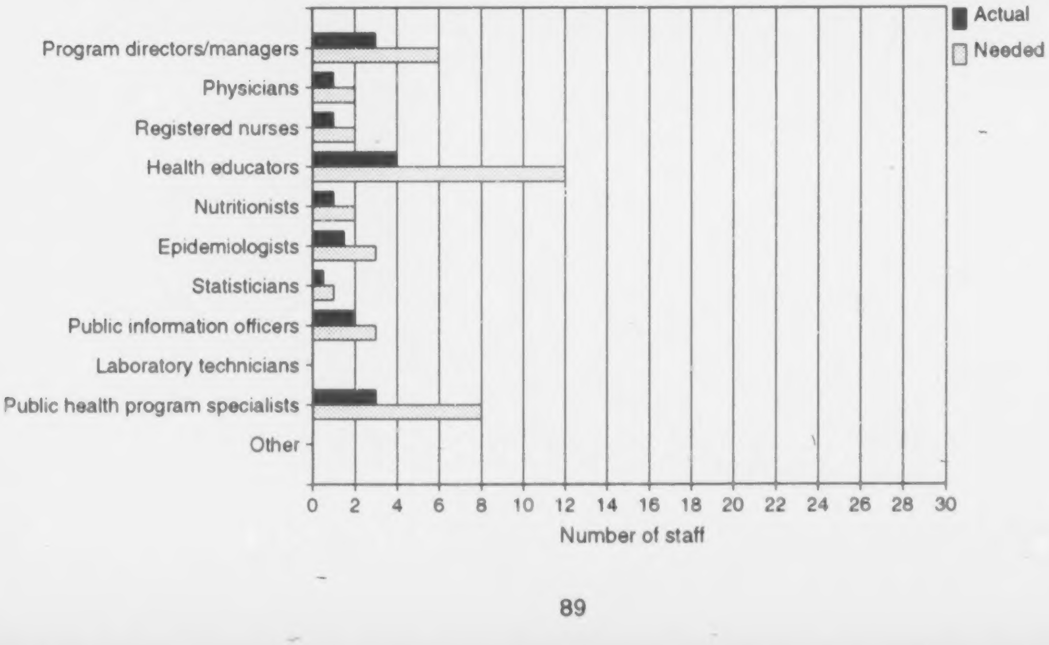
TOTAL: $2,184,301

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 19.5 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



South Carolina

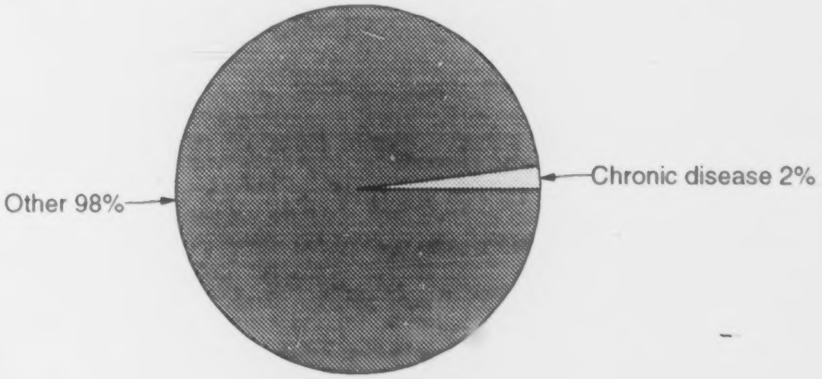
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Smoking
- Exercise
- Diet
- Women's cancer
- Minority health

Organizational Description

In the South Carolina Department of Health and Environmental Control, chronic disease prevention and control programs are the responsibility of the Center for Health Promotion. The Center's goal is to reduce the prevalence and severity of risk factors associated with the leading causes of death and disability. This is done through establishing community-based health promotion programs that address three major behavioral risk factors (smoking, physical inactivity, and dietary fat) and that give priority to reaching minority populations. Program staff provide leadership, training, technical assistance and consultation within the agency and to other community groups to ensure that quality health promotion services are available, accessible, and effective.

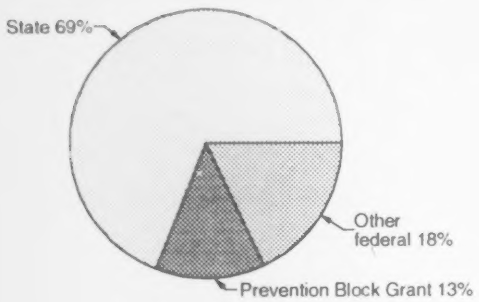
Total State Health Agency Expenditures, FY '89



TOTAL: $203 MILLION

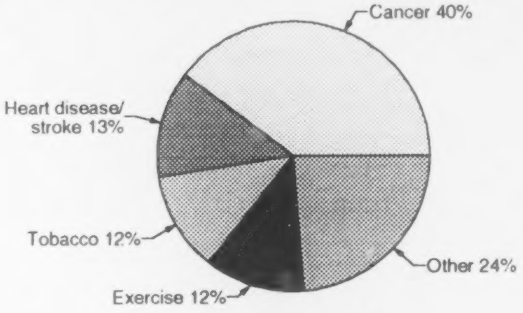
South Carolina

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



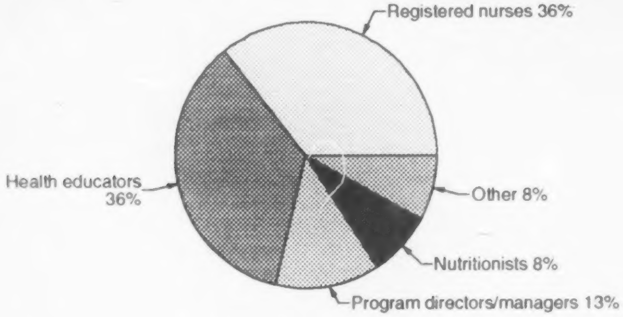
TOTAL: $4,359,343

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



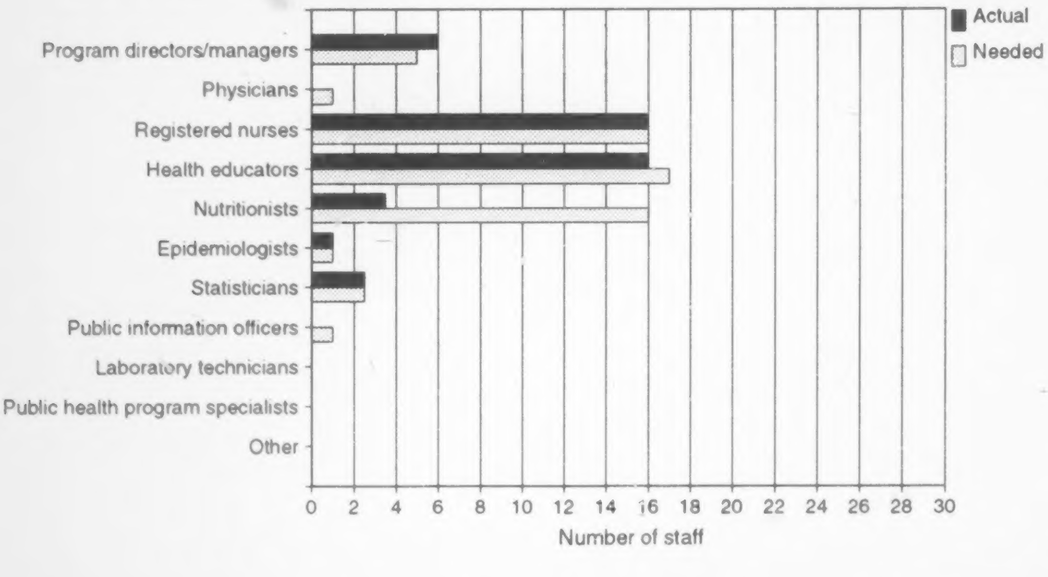
TOTAL: $4,359,343

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 45.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



South Dakota

State Health Agency's Top Chronic Disease Priorities for the 1990s

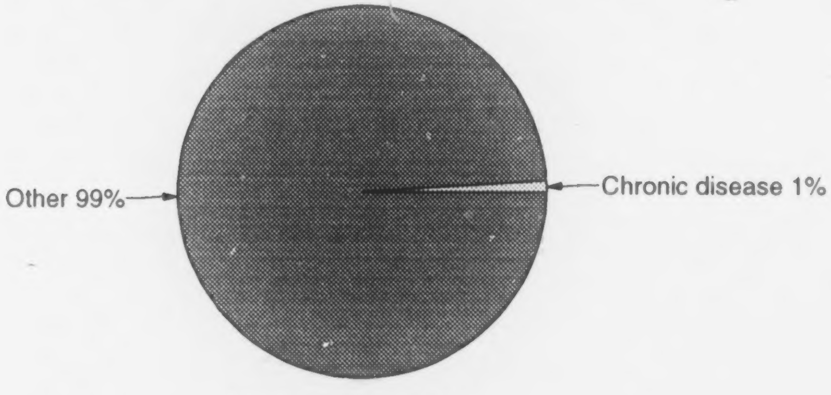
- Diabetes
- Cancer
- Tobacco
- Injury
- Native American health

Organizational Description

South Dakota Health 2000 is a special project initiated by the South Dakota Department of Health. Its prime imperative is to improve the health of state residents during the next decade by identifying and working toward specific health objectives set for the year 2000. Chronic diseases identified in this project are: heart disease/stroke, cancer, and injury. Risk factors incorporated into these plans are hypertension, cholesterol, tobacco, nutrition, and exercise.

Diabetes in South Dakota is addressed through a CDC Diabetes Control Program grant which targets Native Americans and remote areas in the state. This program is operated through Health Education/Promotion.

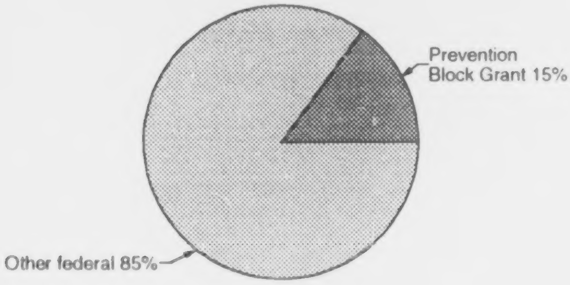
Total State Health Agency Expenditures, FY '89



TOTAL: $22 MILLION

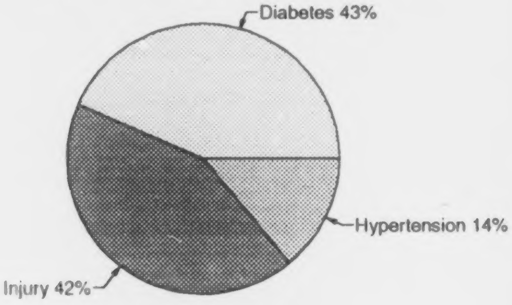
South Dakota

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



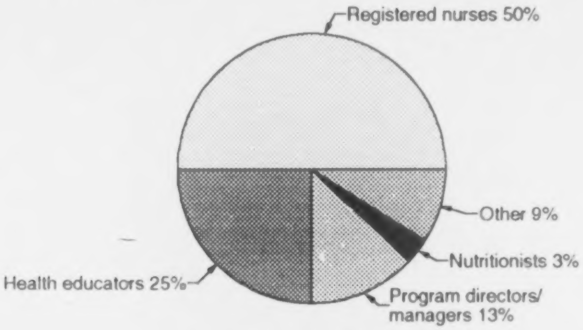
TOTAL: $201,601

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



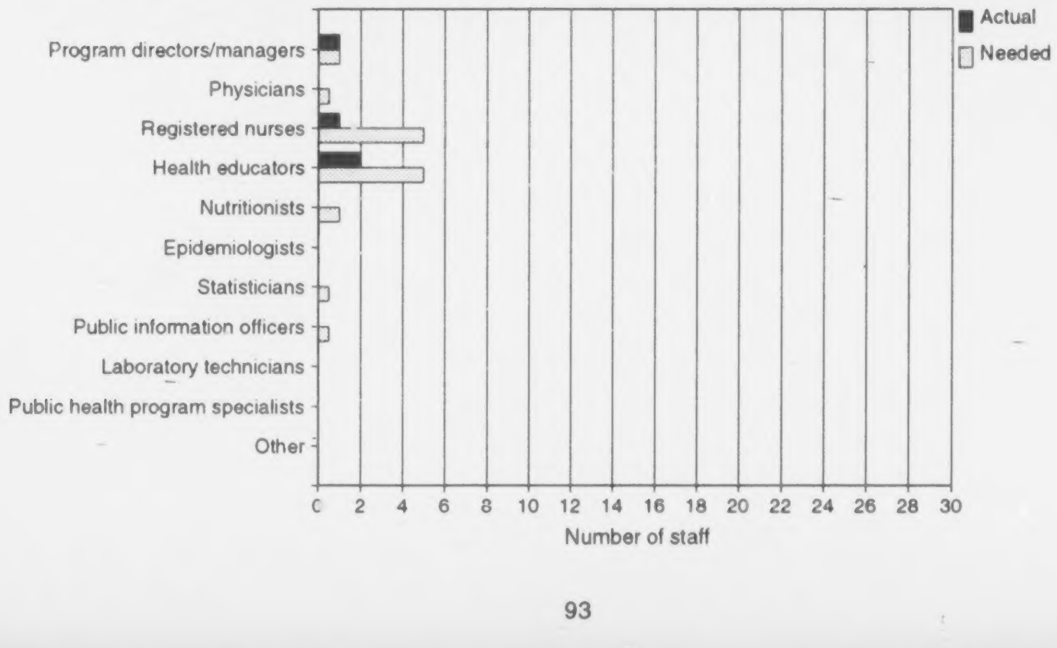
TOTAL: $201,601

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 7.95 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Tennessee

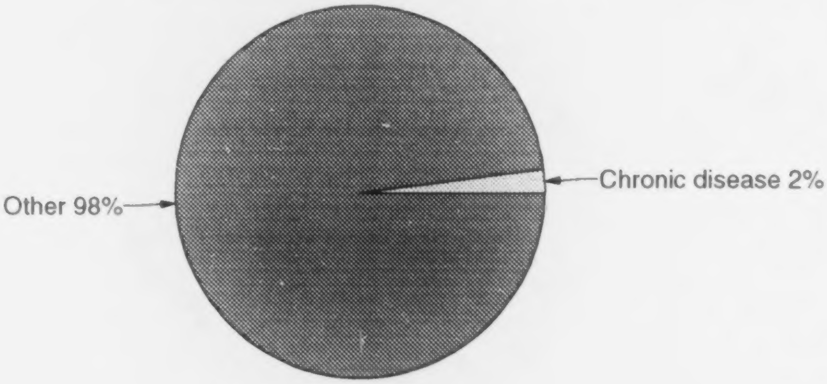
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco use
- Minority health
- Adolescent health
- Lifestyle modification
- Cancer control

Organizational Description

The Chronic Disease effort of the Tennessee Department of Health and Environment is located within the Health Promotion/Disease Control Section of the Bureau of Health Services Administration. Half of the Chronic Disease effort is directed to epilepsy, heart disease/stroke, cancer, diabetes, and injury prevention through education, screening and intervention programs. The remaining resources support hemophilia and renal patients' medical needs.

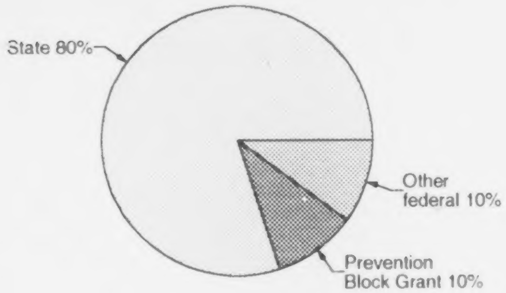
Total State Health Agency Expenditures, FY '89



TOTAL: $180 MILLION

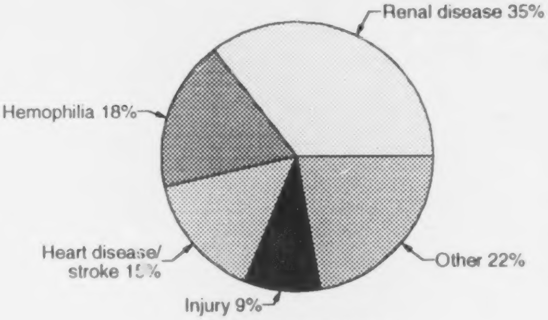
Tennessee

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



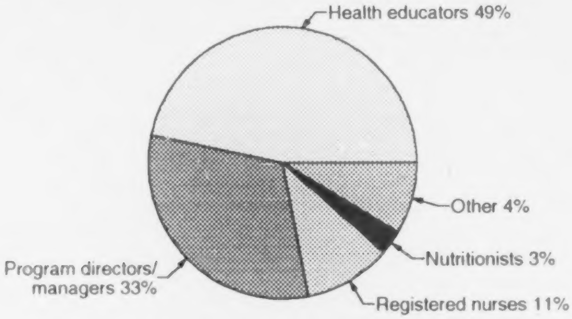
TOTAL: $3,702,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



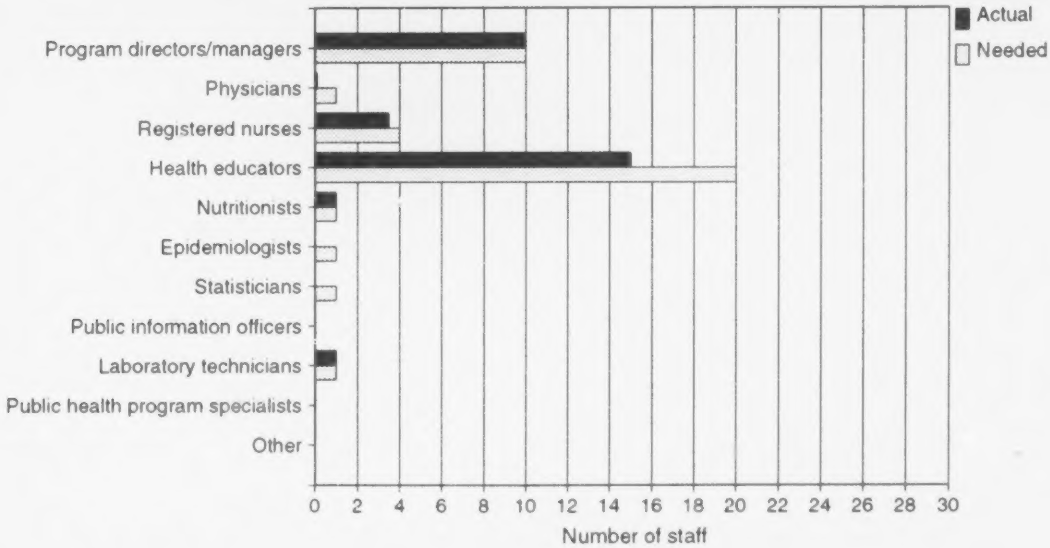
TOTAL: $3,702,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 30.6 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Texas

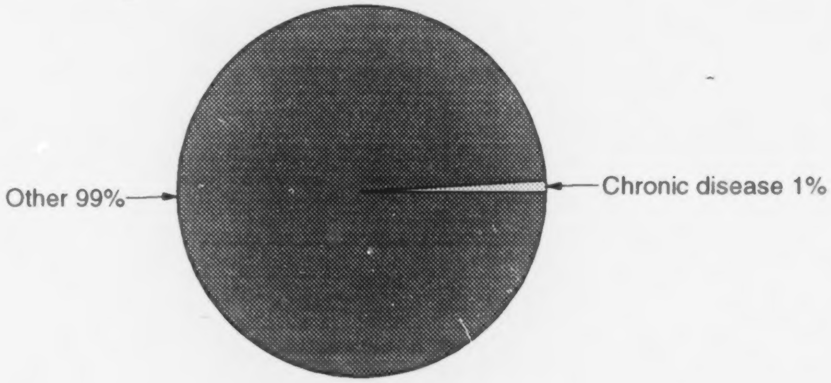
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Minority health (blacks and hispanics)
- Breast cancer
- Diabetes
- Cholesterol
- Cervical cancer

Organizational Description

In the Texas Department of Health, chronic disease activities are conducted for the most part, in the Associateship for Disease Prevention. Housed in this Associateship is the Chronic Disease Prevention Program, which has primary responsibility for chronic disease surveillance and service delivery programs, such as comprehensive risk reduction/early detection, cancer intervention, and diabetes control services. These services are delivered through eight public health regions and selected local health departments or community health centers in the state. Other chronic disease-related programs in the Associateship include Kidney Health, Cancer Registry, and Injury Control Programs. In addition to these programs, the Chronic Disease Prevention Program shares collaborative projects with the Public Health Promotion Division. This Division has responsibility for BRFSS, the Occupant Protection Program, and worksite and community health promotion activities.

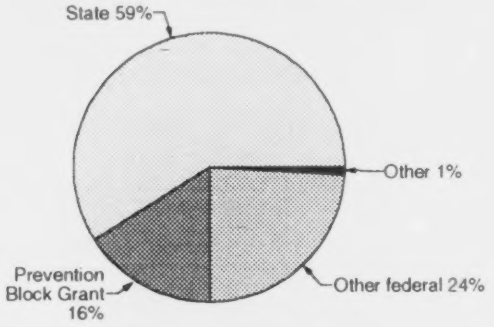
Total State Health Agency Expenditures, FY '89



TOTAL: $445 MILLION

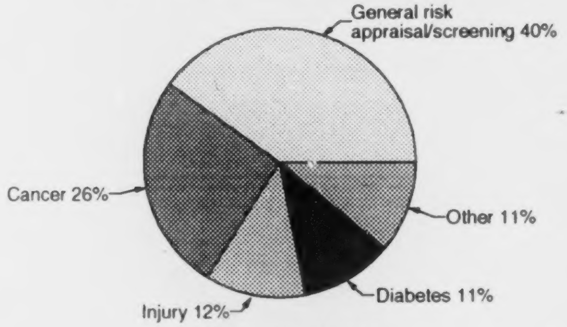
Texas

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



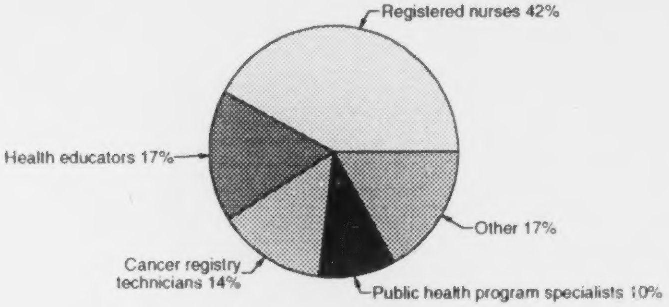
TOTAL: $2,818,302

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



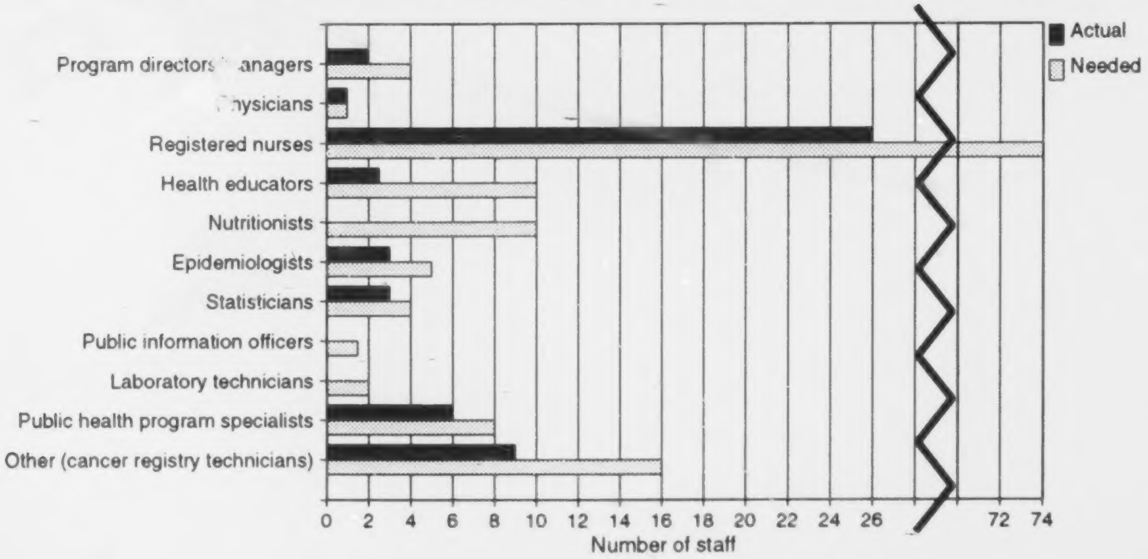
TOTAL: $2,818,302

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 62.1 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Utah

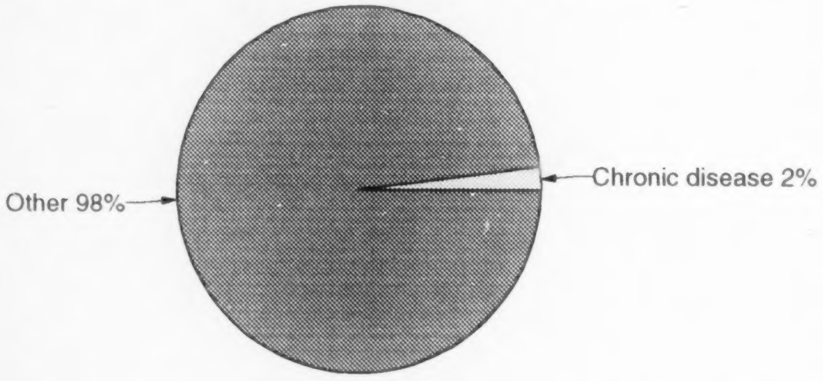
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Cardiovascular disease/stroke
- Cancer (breast and cervical)
- Injury control
- Tobacco prevention and control
- Better integration of state and local level priority setting and planning

Organizational Description

The Utah Department of Health has two major bureaus which have the mission of reducing the burden of chronic disease. Both Bureaus are in the Division of Community Health Services. The Bureau of Chronic Disease Control is focused on secondary and tertiary prevention of chronic diseases. It has four categorical program areas: cancer control, cardiovascular disease, pulmonary/refugee health, and diabetes. The Bureau of Health Promotion/Risk Reduction is focused on primary prevention. It has programs for injury prevention and control, tobacco prevention and control, and lifestyle assessment and intervention. The Bureaus coordinate and interact with each other and local health departments in planning, implementing, and evaluating programs/activities.

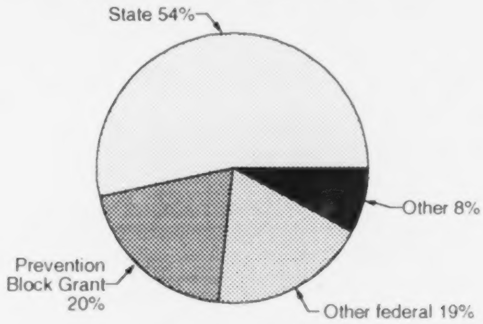
Total State Health Agency Expenditures, FY '89



TOTAL: $65 MILLION

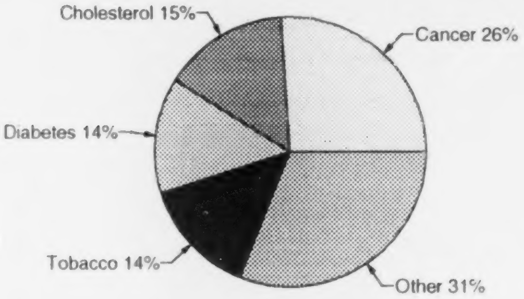
Utah

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



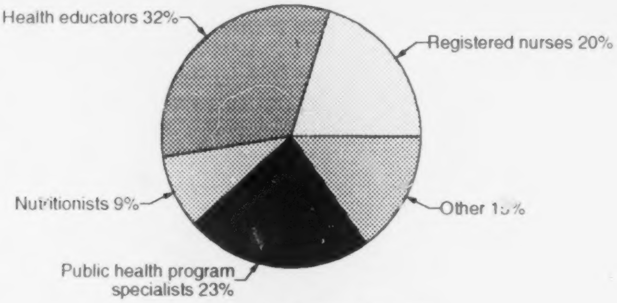
TOTAL: $1,453,079

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



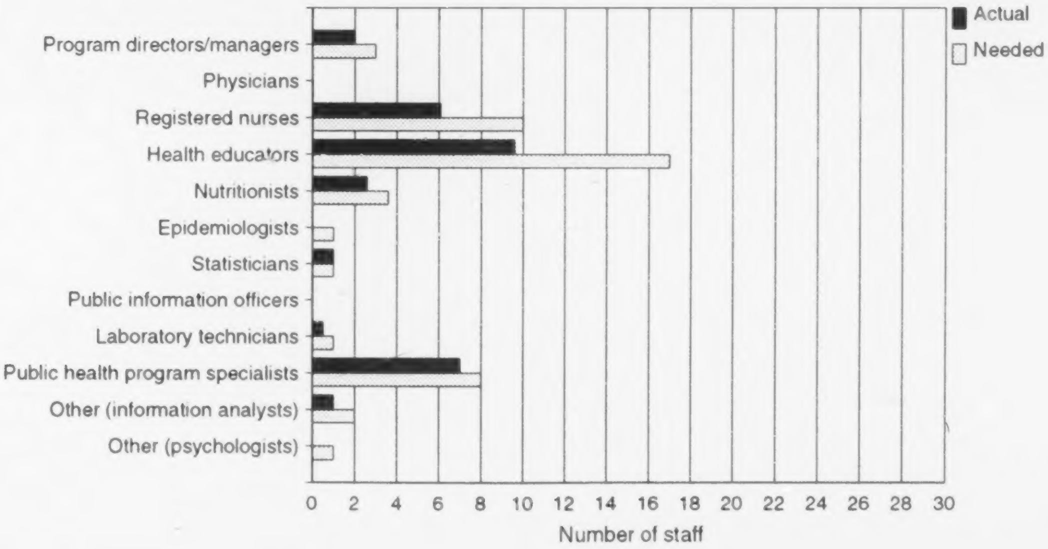
TOTAL: $1,453,079

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 29.8 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Vermont

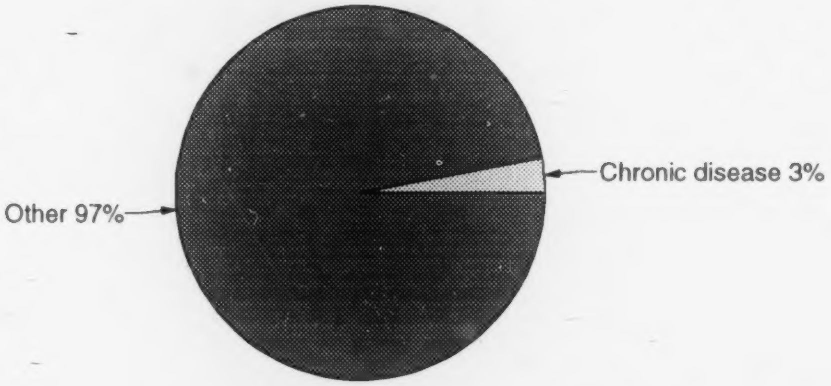
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Cancer prevention and control
- Childhood injury prevention
- Intentional injury prevention
- Community networks for health promotion/disease prevention
- Tracking year 2000 objectives

Organizational Description

The Vermont chronic disease programs are in the Division of Epidemiology and Disease Prevention and focus primarily on cancer, heart disease and injury prevention. The Office of Health Promotion develops and oversees health education and community interventions targeted at major health risk behaviors. The Cancer Prevention and Control Program develops and oversees community and statewide interventions involving tobacco use reduction, dietary modification, and early detection of cancer. The Office of Environmental and Chronic Disease Epidemiology conducts surveys, descriptive and analytic studies, evaluates intervention programs and provides technical assistance to programs within and outside the Division.

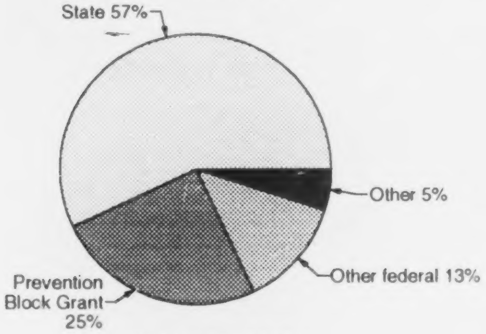
Total State Health Agency Expenditures, FY '89



TOTAL: $23 MILLION

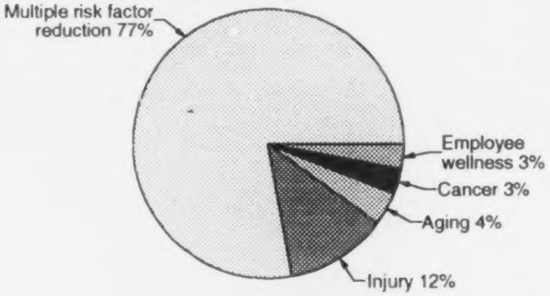
Vermont

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



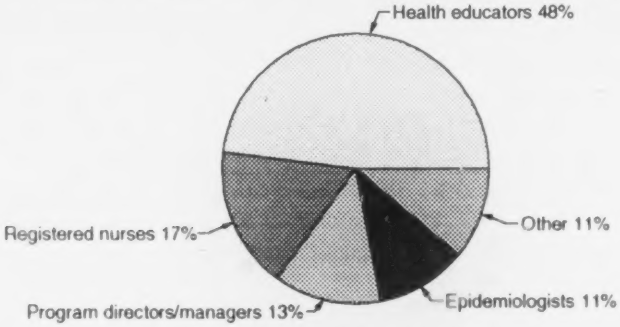
TOTAL: $577,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



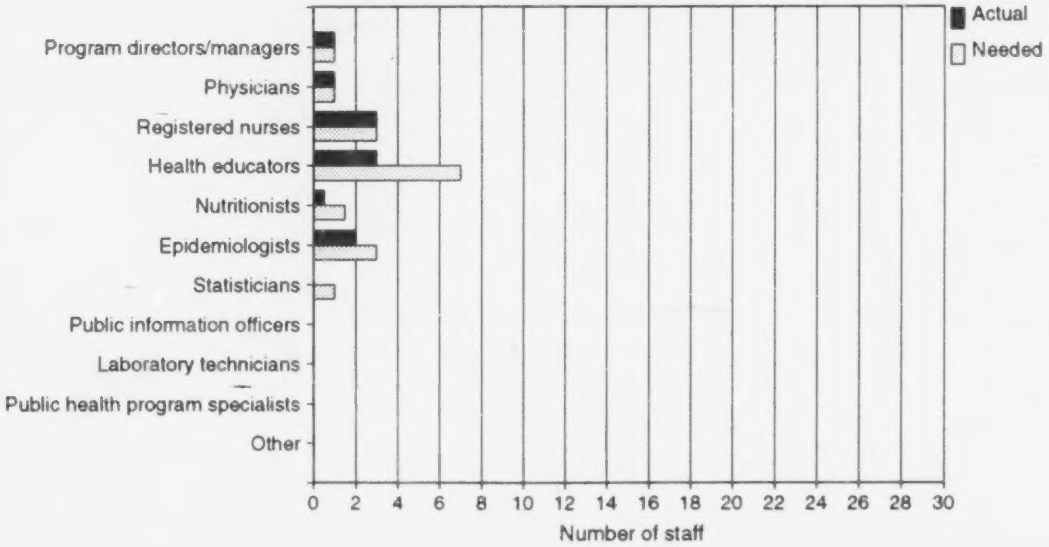
TOTAL: $577,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 18.6 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Virginia

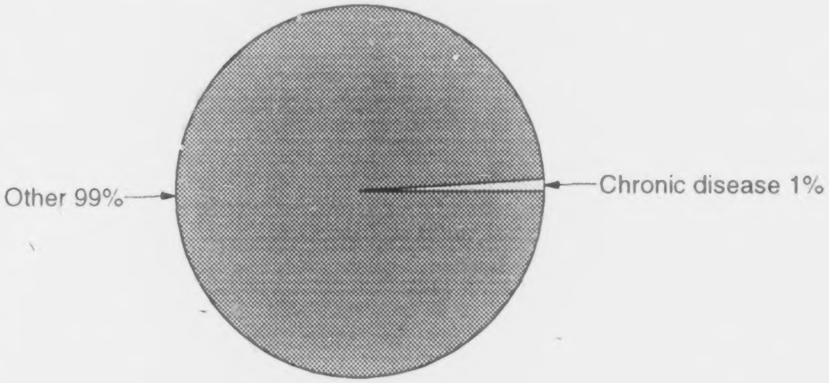
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Minority health
- Cardiovascular risk reduction
- Cancer
- Tobacco
- Adult nutrition

Organizational Description

The state's chronic disease program office, the Division of Chronic Disease Control, is located in the Office of Health Education and Information. The funding support for the Division comes from the federal Preventive Health and Health Services Block Grant. The primary focus of the Division's activities is cardiovascular risk reduction. The Division also administers the Behavioral Risk Factor Surveillance System. Limited breast and cervical screening activities are carried out by the Division of Family Planning. The Division of Surveillance and Investigation administers a tumor registry and the Alzheimer's Disease and Related Disorders Registry. The Division of Emergency Medical Services administers the Virginia Trauma Registry and the Division of Maternal and Child Health administers a congenital anomalies registry. The health department is implementing a state health plan which includes chronic disease activities.

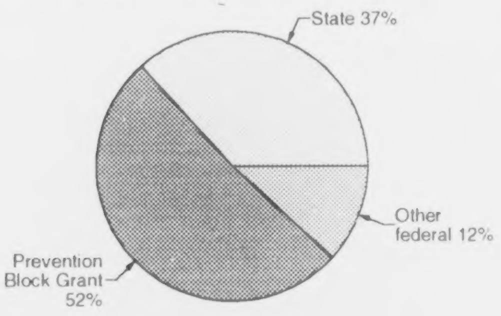
Total State Health Agency Expenditures, FY '89



TOTAL: $220 MILLION

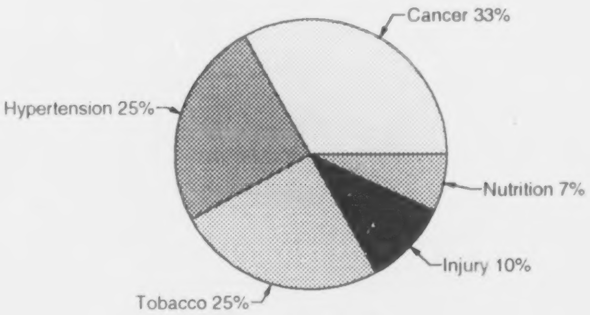
Virginia

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



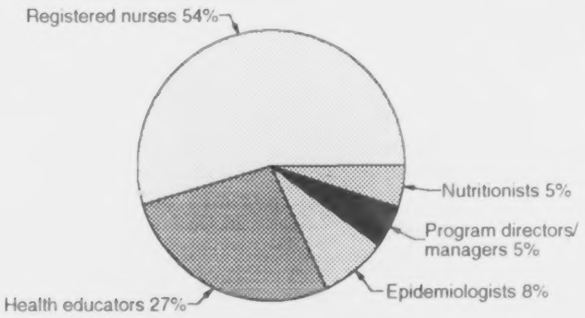
TOTAL: $2,711,590

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



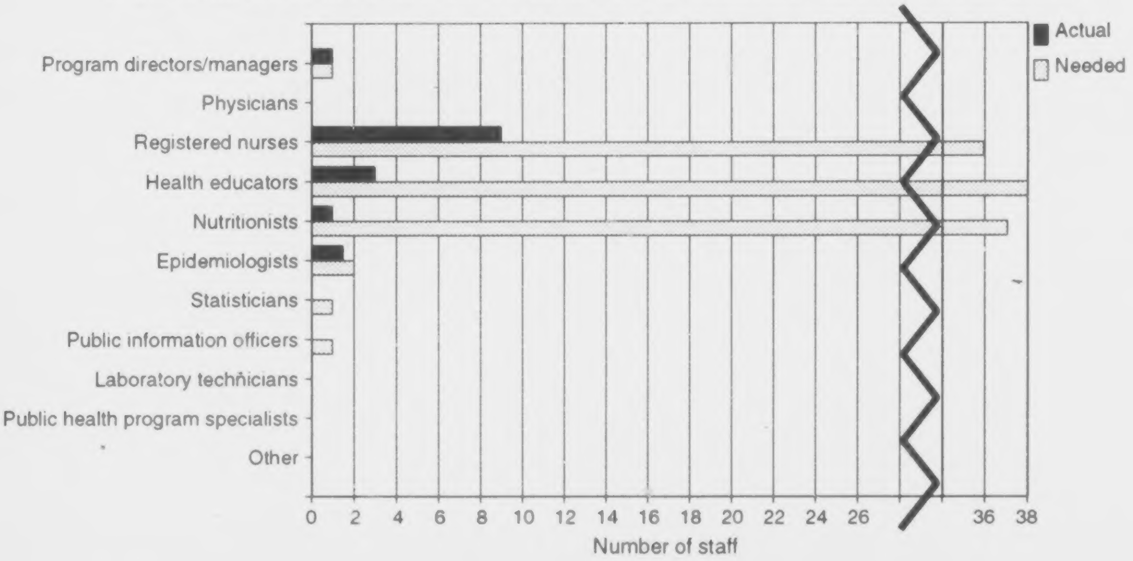
TOTAL: $2,711,590

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 18.5 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Virgin Islands

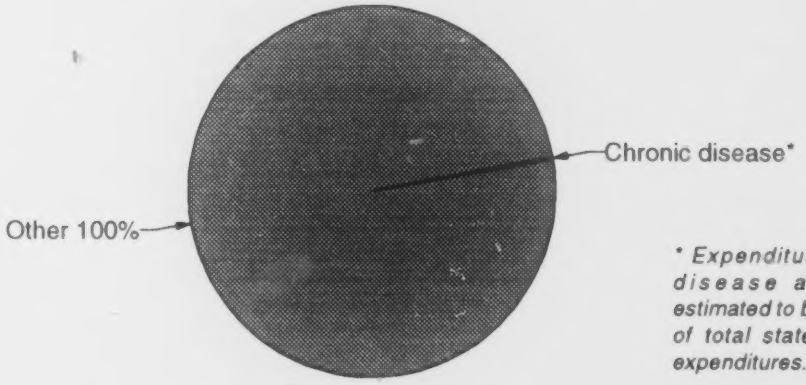
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Surveillance systems and disease registries
- Cardiovascular disease control
- Cancer detection and control
- Diabetes control
- Hypertension and cholesterol screening and control

Organizational Description

Chronic disease activities in the U.S. Virgin Islands are provided by the Department of Health. Through a newly established Chronic Disease Prevention Program, activities include screening, public education, disease registries, and behavior risk factor surveys. The Bureau of Health Education also assists in chronic disease prevention activities. Under the umbrella of the Division of Prevention, Health Promotion and Protection, programs assist by providing activities aimed at reducing chronic diseases in the territory.

Total State Health Agency Expenditures, FY '89



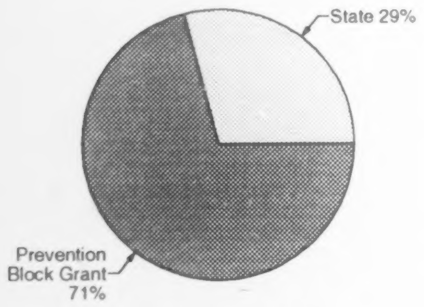
TOTAL: $75 MILLION**

** Expenditures for chronic disease activities are estimated to be less than 0.5% of total state health agency expenditures.*

***The total amount of state health agency expenditures was estimated by the Public Health Foundation.*

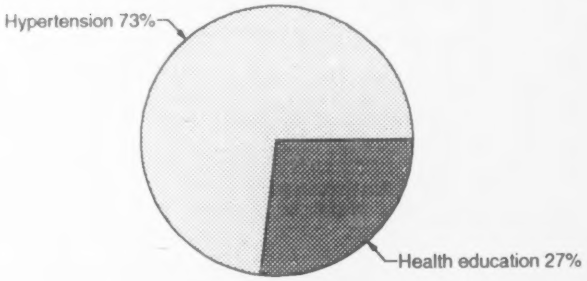
Virgin Islands

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



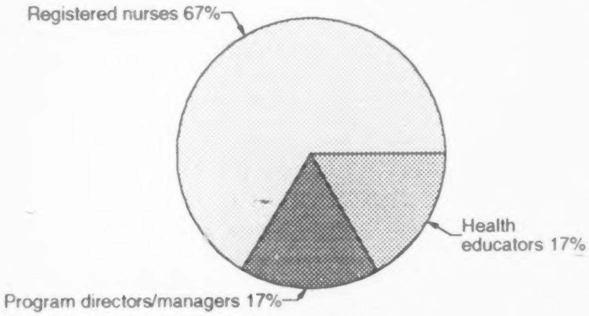
TOTAL: $139,008

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



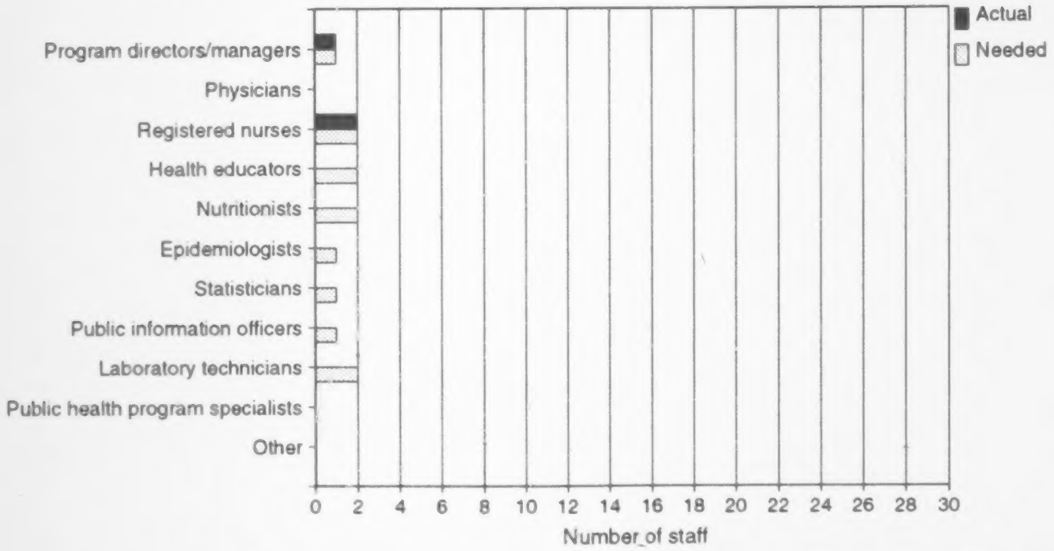
TOTAL: $139,008

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 6.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Washington

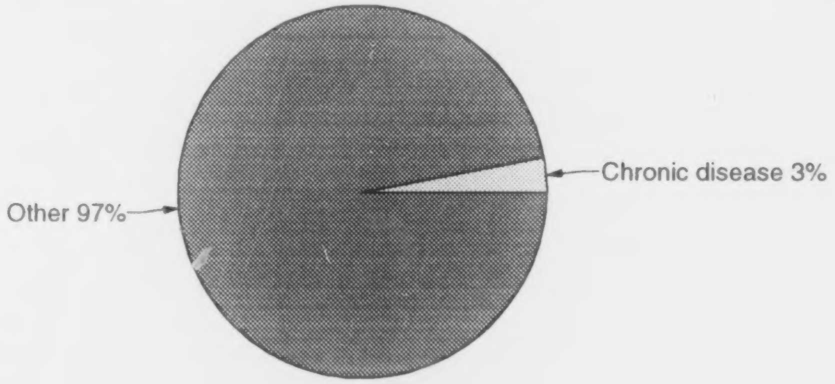
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Smoking prevention/cessation
- Cardiovascular disease (hypertension, cholesterol, smoking)
- Breast, cervical, and lung cancer/minority health
- Injuries
- Diabetes and kidney disease

Organizational Description

Chronic disease program efforts in Washington State are organized utilizing two offices within the Health Promotion and Chronic Disease Prevention Division. The Office of Heart Disease and Cancer Prevention provides programs and services designed to reduce mortality and morbidity related to heart disease, cancer, and stroke through education and screening activities, surveillance, and monitoring systems. Programs included in the Office are: Cardiovascular Risk Reduction, Cholesterol Screening and Education, Community Chronic Disease Planning, Cancer Control, National Cancer Institute Grant and Centers for Disease Control Cervical Cancer Grant. The Office of Kidney Disease and Diabetes Control provides programs and services to reduce the morbidity and mortality associated with diabetes through education and surveillance and assists with the personal financial impact of end stage renal disease. Programs included in the Office are: Washington State Kidney Disease Program and Centers for Disease Control Diabetes Control Grant.

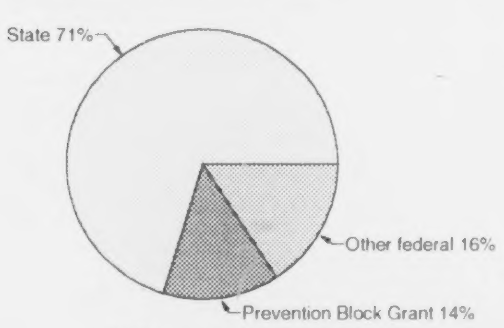
Total State Health Agency Expenditures, FY '89



TOTAL: $92 MILLION

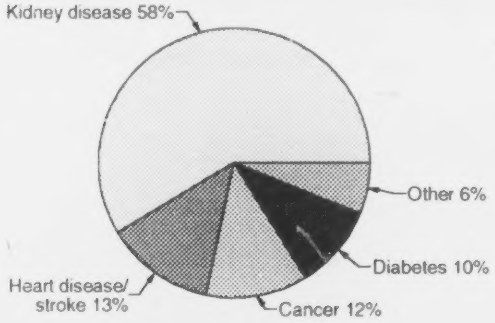
Washington

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



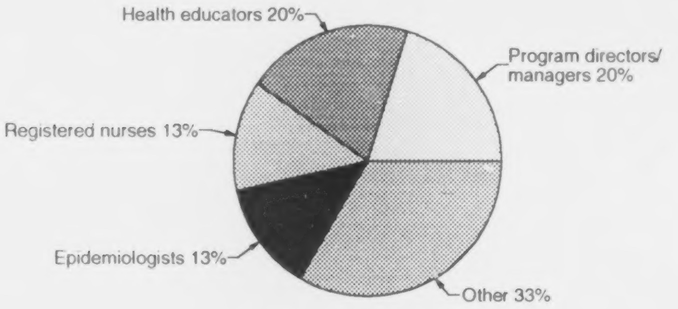
TOTAL: $2,572,500

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



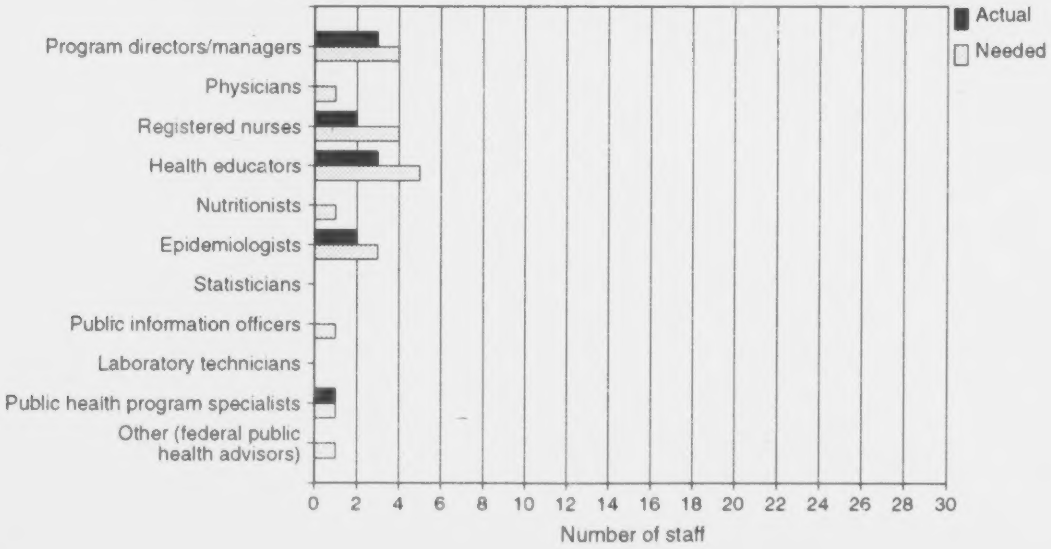
TOTAL: $2,572,500

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 15.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



West Virginia

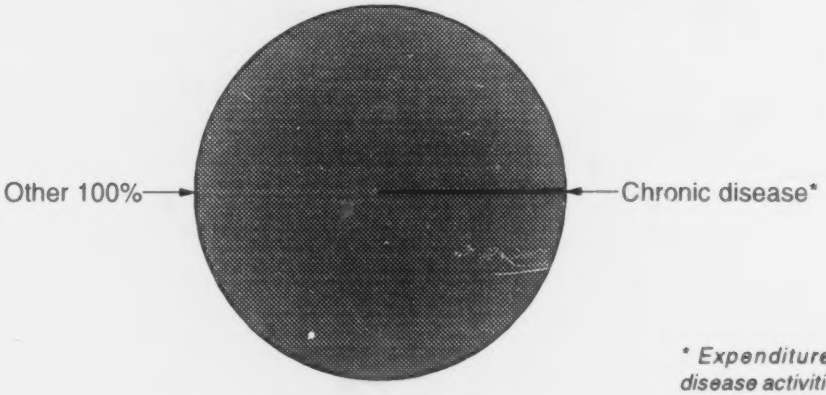
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Development of a comprehensive tobacco control program
- Development of a comprehensive injury prevention program
- Expansion of nutrition activities
- Expansion of diabetes control program
- Development of a comprehensive cancer control program

Organizational Description

The majority of chronic disease activities of the West Virginia Bureau of Public Health are organized within the Division of Health Promotion. In Fall 1990, the Division called together an interagency committee to address chronic disease issues. Formation of the Chronic Disease Coordinating Committee was driven by the recognition that as a state, we were not applying a fraction of what we know about the prevention of heart disease, cancer, injuries, diabetes and other chronic health diseases. This committee provides a forum in which public health issues in chronic disease are addressed. Through the Chronic Disease Coordinating Committee, the Bureau has an opportunity to exchange information, plan strategies, evaluate programs and, overall, enhance our capacity to address chronic health problems among West Virginian's.

Total State Health Agency Expenditures, FY '89

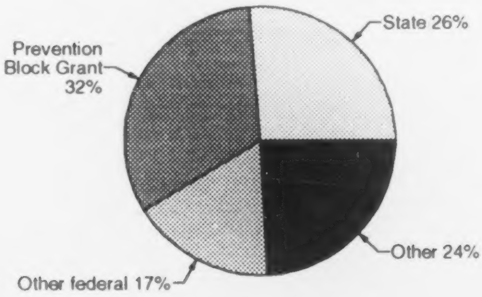


TOTAL: $169 MILLION

** Expenditures for chronic disease activities are less than 0.5% of total state health agency expenditures.*

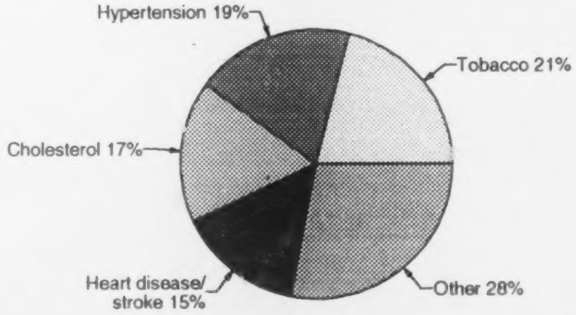
West Virginia

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



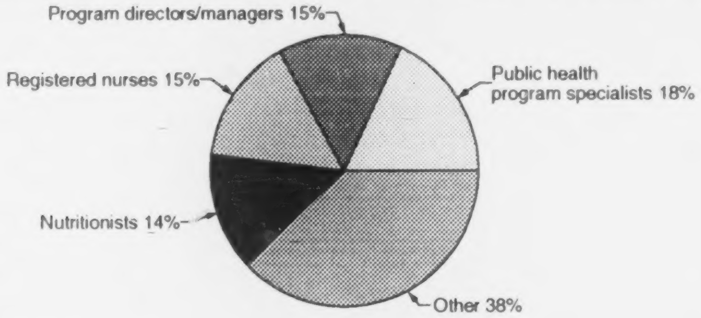
TOTAL: $824,720

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



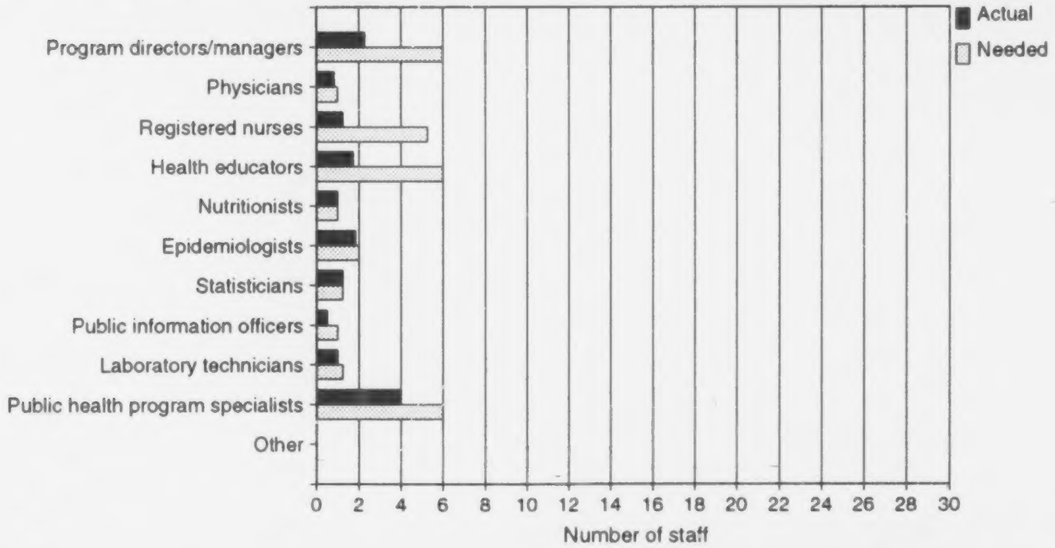
TOTAL: $824,720

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 21.75 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Wisconsin

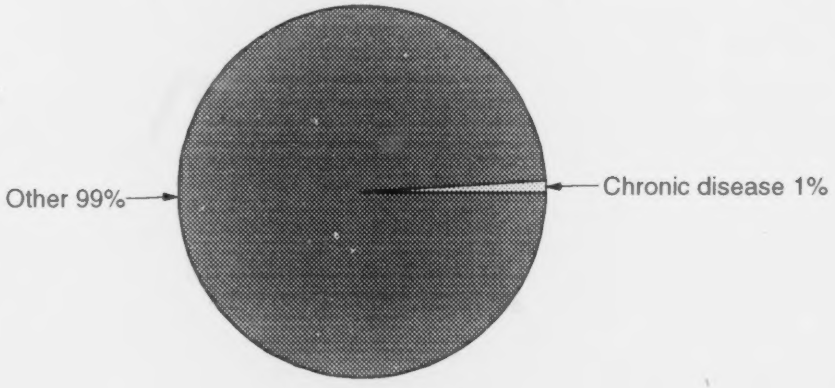
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco
- Cancer
- Cardiovascular disease
- Chronic disease surveillance
- Nutrition

Organizational Description

Wisconsin's chronic disease program is located in the Chronic Disease Unit, Section of Environmental and Chronic Disease Epidemiology, Bureau of Community Health and Prevention, Division of Health, Department of Health and Social Services. As of January 1, 1991, the chronic disease program has 4 staff (3 FTE): A supervisor, a physician epidemiologist, a public health nurse (0.5 FTE), and a public health educator (0.5 FTE). All staff are federally funded.

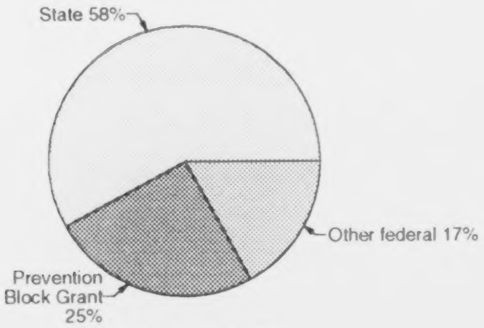
Total State Health Agency Expenditures, FY '89



TOTAL: $81 MILLION

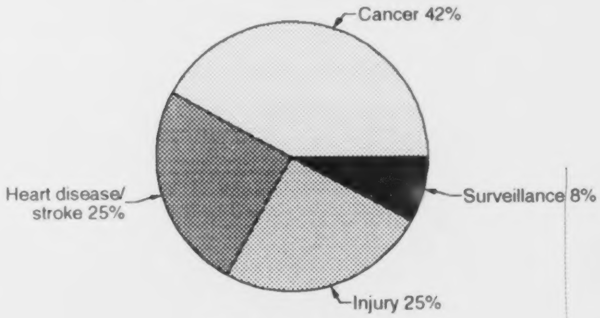
Wisconsin

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



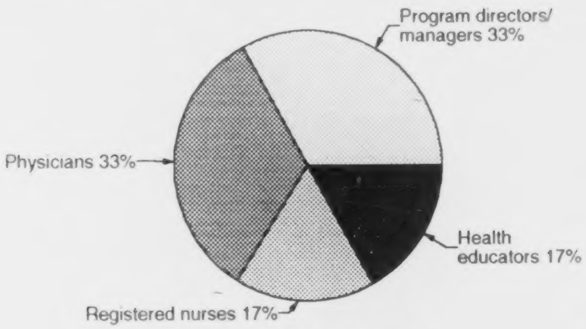
TOTAL: $1,200,000

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



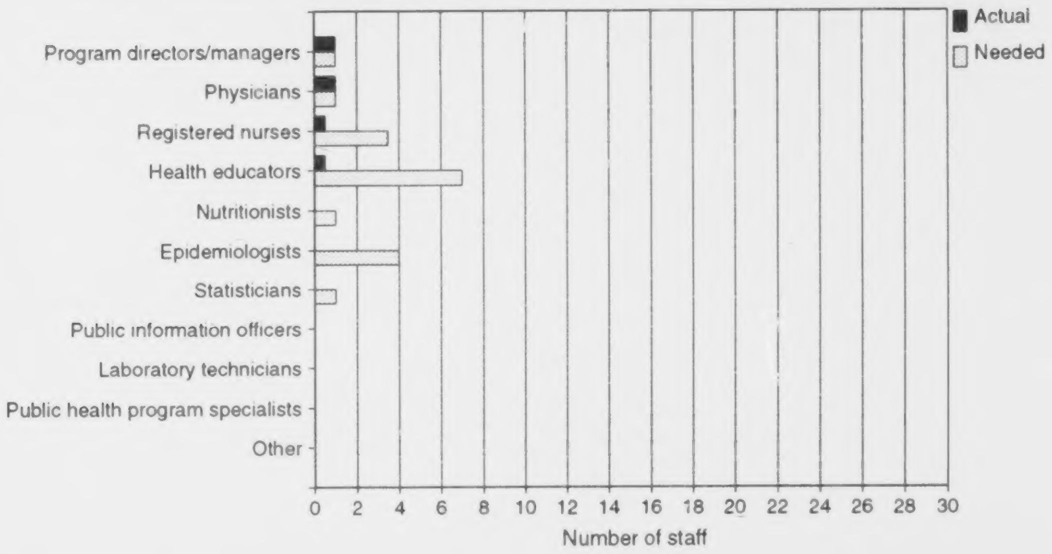
TOTAL: $1,200,000

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



TOTAL: 3.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



Wyoming

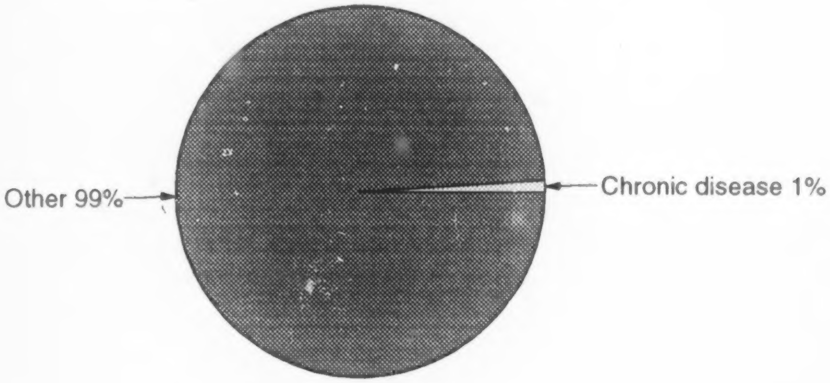
State Health Agency's Top Chronic Disease Priorities for the 1990s

- Tobacco control
- Breast cancer
- Chronic lung disease
- Cardiovascular disease
- School health education

Organizational Description

Wyoming currently has no separate identifiable chronic disease control section within the Department of Health. Chronic disease activity is limited and dispersed. The Wyoming Central Tumor Registry operates within the Information Standards and Statistics section of the Division of Health and Medical Services (DHMS). It collects data but lacks the resources to operate as a cancer control program. The health risk reduction program operates on PHHS Block Grant funds within the preventive medicine section of DHMS. Its primary focus is behavioral risk factors, many of which are chronic disease related (tobacco use, nutrition, exercise). Public health nursing services in DHMS oversees the network of local public health nursing offices around the state, most of which operate on a combination of state and local funds. Some of these offices conduct chronic disease activities such as blood pressure screening, cholesterol screening, smoking cessation, and nutrition education.

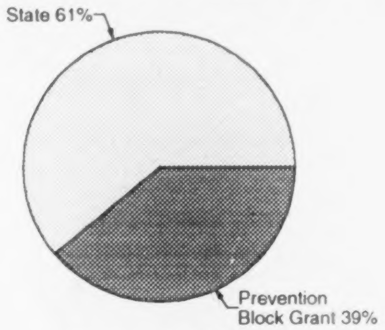
Total State Health Agency Expenditures, FY '89



TOTAL: $16 MILLION

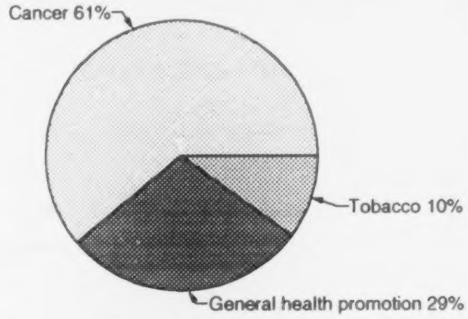
Wyoming

Expenditures for Chronic Disease Activities, by Source of Funds, FY '89



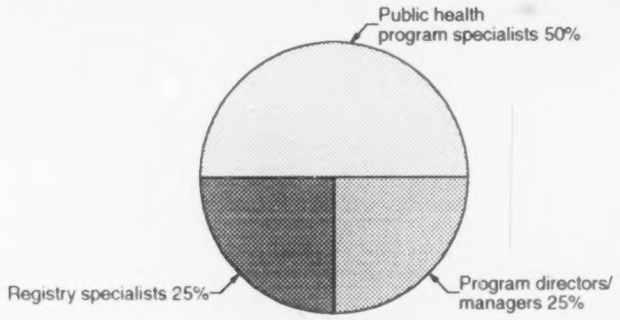
TOTAL: $173,894

Expenditures for Chronic Disease Activities, by Disease/Risk Factor, FY '89



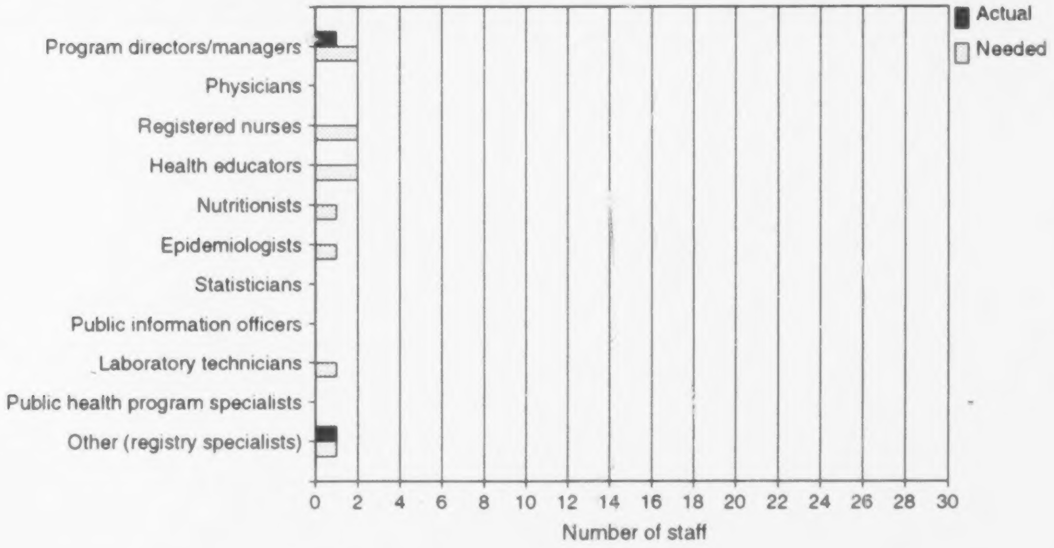
TOTAL: $173,894

Health Professionals Employed in Chronic Disease and Other Programs Who Are Involved in Chronic Disease Activities, by Occupation, as of 10/31/90



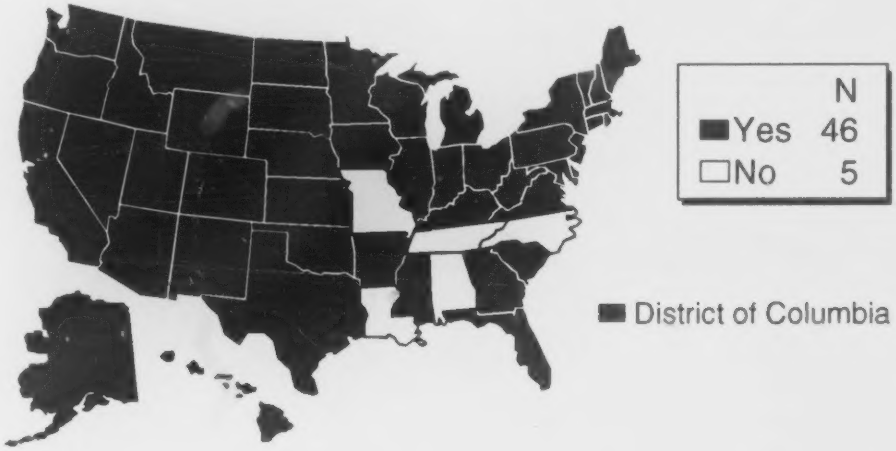
TOTAL: 4.0 FTE STAFF

Number of Professional Staff Currently Employed in Chronic Disease Programs Compared to the Minimum Number Needed to Meet the Objectives of the State Plan, as of 10/31/90



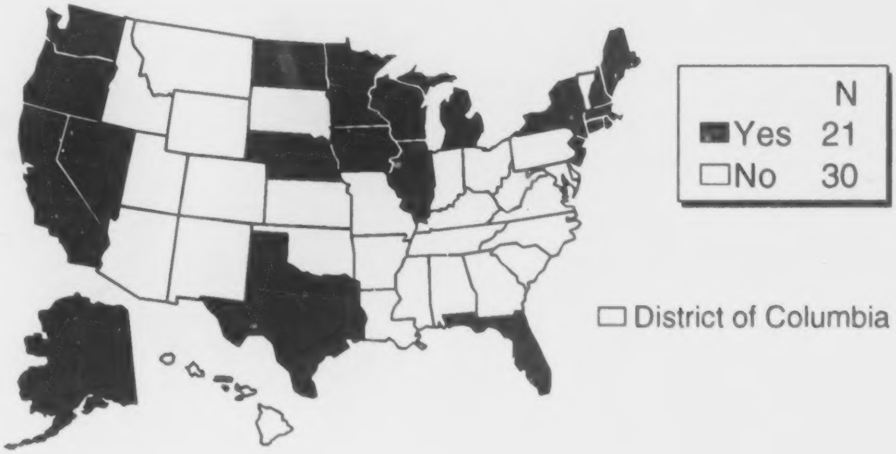
STATE POLICIES AND STANDARDS

FIGURE 1.
STATES WITH LAWS THAT LIMIT SMOKING
IN PUBLIC PLACES, AS OF 12/90


N
■ Yes 46
☐ No 5
■ District of Columbia

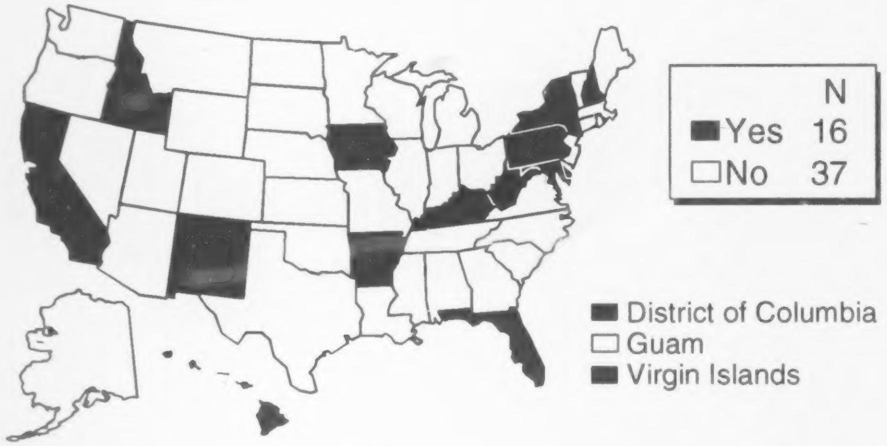
Source: Tobacco-Free America

FIGURE 2.
STATES WITH A STATE CIGARETTE EXCISE TAX
OF 25 CENTS PER PACK OR MORE, AS OF 12/90


N
■ Yes 21
☐ No 30
☐ District of Columbia

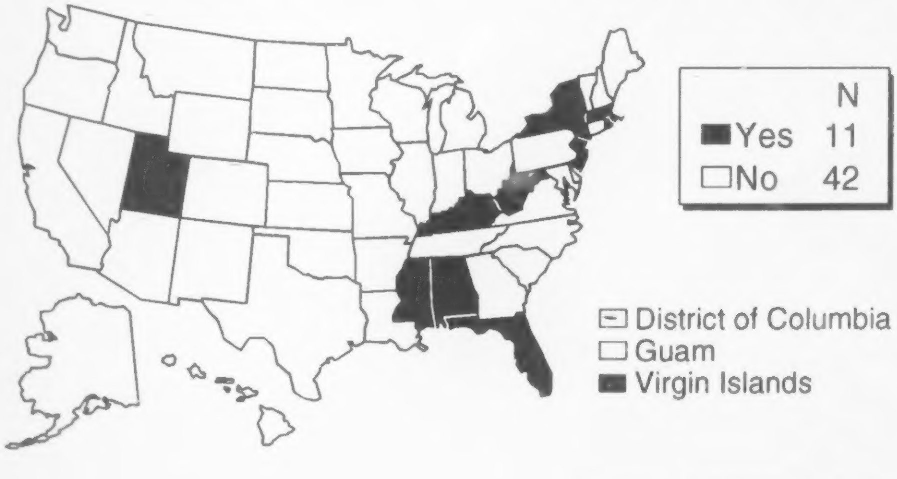
Source: Tobacco-Free America

FIGURE 3.
STATES THAT PROVIDE MAMMOGRAMS TO WOMEN WHO DO NOT HAVE INSURANCE, AS OF 10/31/90


N
■ Yes 16
☐ No 37
■ District of Columbia
☐ Guam
■ Virgin Islands

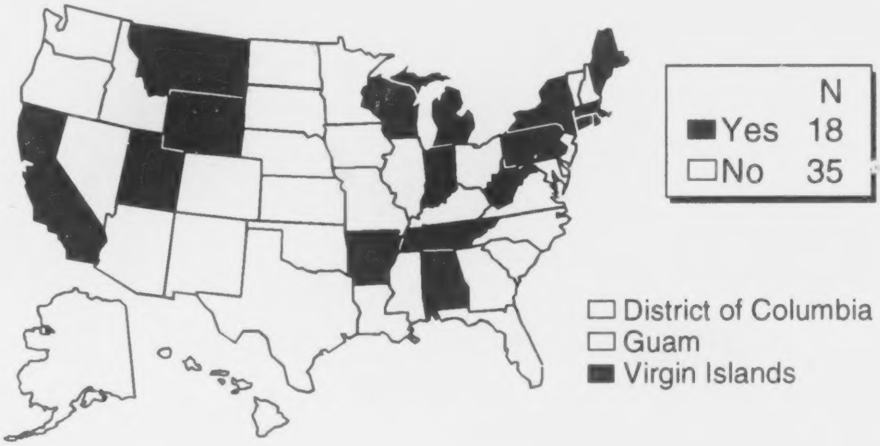
Source: ASTCDPD/PHF

FIGURE 4.
STATES THAT REQUIRE HEALTH CARE WORKERS TO FOLLOW UP WITH WOMEN WHO HAVE POSITIVE BREAST CANCER SCREENS, AS OF 10/31/90


N
■ Yes 11
☐ No 42
⊟ District of Columbia
☐ Guam
■ Virgin Islands

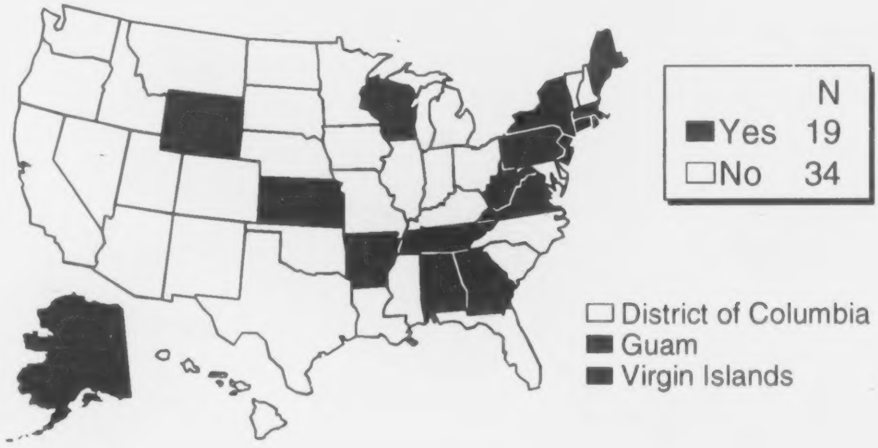
Source: ASTCDPD/PHF

FIGURE 5.
STATES THAT REQUIRE CERTIFICATION OF PERSONS PERFORMING MAMMOGRAMS, AS OF OCTOBER 31, 1990


N
■ Yes 18
□ No 35
□ District of Columbia
□ Guam
■ Virgin Islands

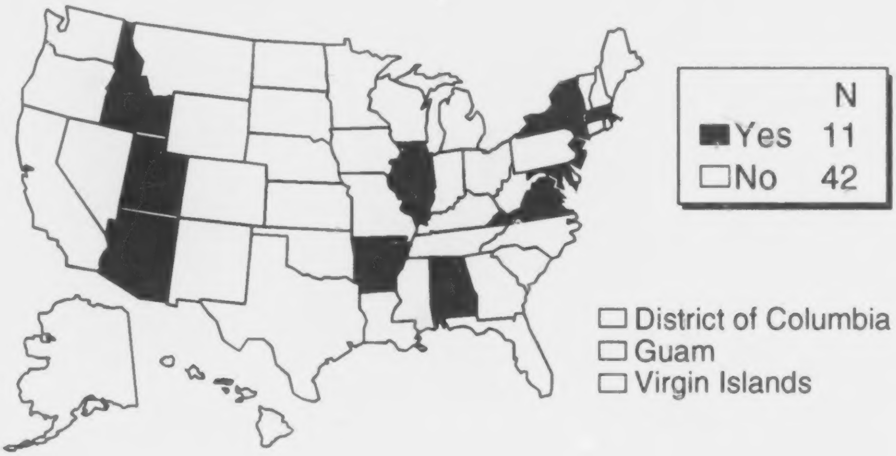
Source: ASTCDPD/PHF

FIGURE 6.
STATES THAT REQUIRE CERTIFICATION OF PERSONS READING MAMMOGRAMS, AS OF 10/31/90


N
■ Yes 19
□ No 34
□ District of Columbia
■ Guam
■ Virgin Islands

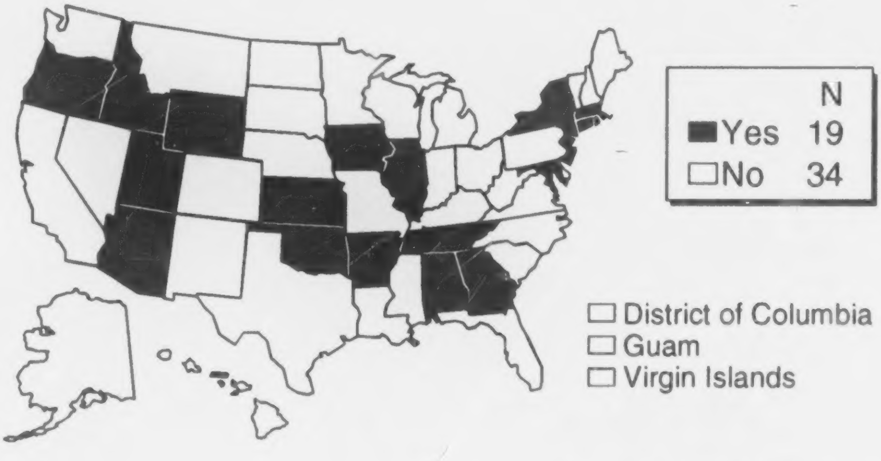
Source: ASTCDPD/PHF

FIGURE 7.
STATES THAT REQUIRE CERTIFICATION OF PERSONS TAKING CERVICAL SPECIMENS, AS OF 10/31/90


N
■Yes 11
☐No 42
☐District of Columbia
☐Guam
☐Virgin Islands

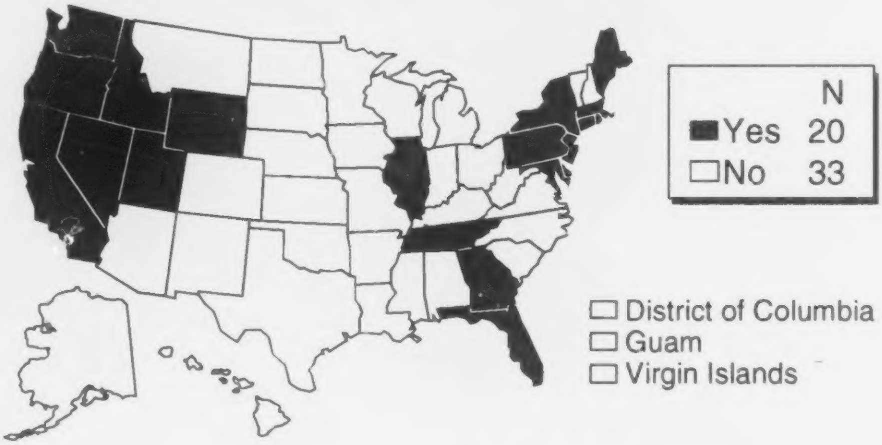
Source: ASTCDPD/PHF

FIGURE 8.
STATES THAT REQUIRE CERTIFICATION OF PERSONS READING CERVICAL SPECIMENS, AS OF 10/31/90


N
■Yes 19
☐No 34
☐District of Columbia
☐Guam
☐Virgin Islands

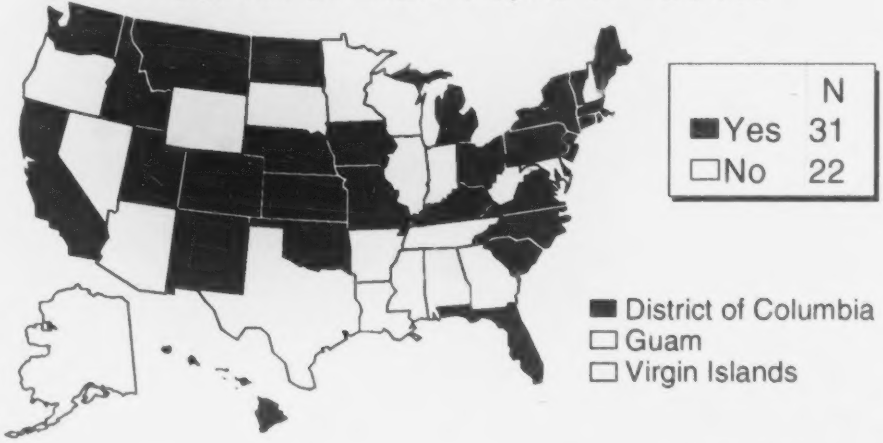
Source: ASTCDPD/PHF

FIGURE 9.
STATES THAT REQUIRE MONITORING OF PERSONS PERFORMING PUBLIC CHOLESTEROL SCREENING, AS OF 10/31/90


N
■ Yes 20
☐ No 33
☐ District of Columbia
☐ Guam
☐ Virgin Islands

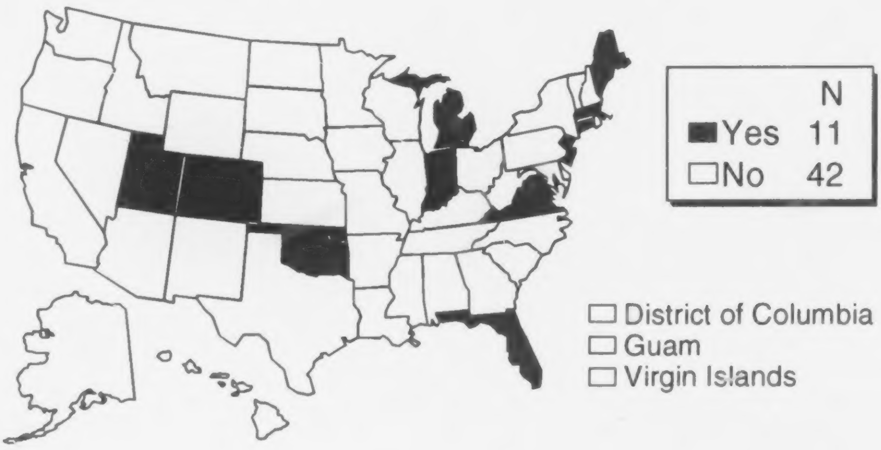
Source: ASTCDPD/PHF

FIGURE 10.
STATES WITH STANDARDS FOR FOLLOW-UP OF INDIVIDUALS IDENTIFIED AS AT RISK FOR HIGH BLOOD CHOLESTEROL ACCORDING TO NATIONAL CHOLESTEROL EDUCATION PROGRAM STANDARDS, AS OF 10/31/90


N
■ Yes 31
☐ No 22
■ District of Columbia
☐ Guam
☐ Virgin Islands

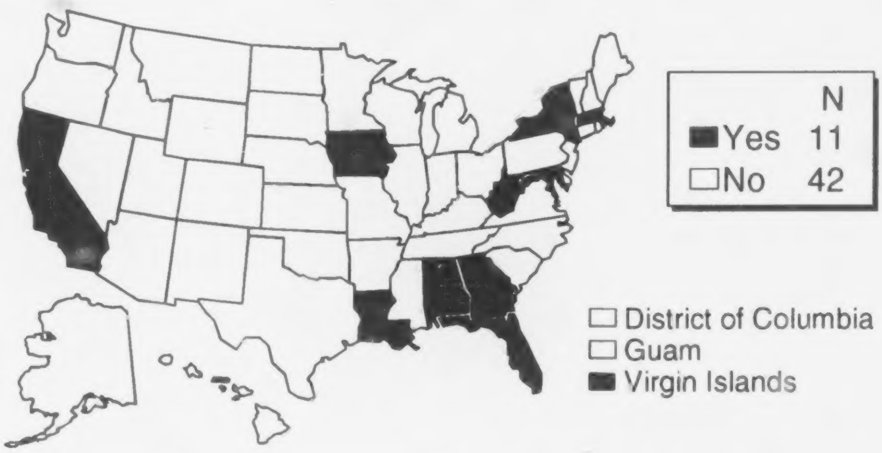
Source: ASTCDPD/PHF

FIGURE 11.
STATES THAT REQUIRE PERFORMANCE TESTING FOR PERSONS CONDUCTING HYPERTENSION SCREENING, AS OF 10/31/90


N
■Yes 11
☐No 42
☐ District of Columbia
☐ Guam
☐ Virgin Islands

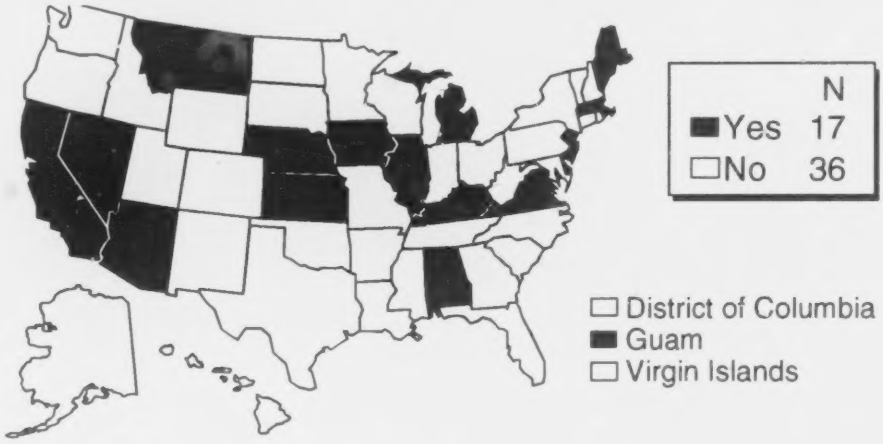
Source: ASTCDPD/PHF

FIGURE 12.
STATES THAT PROVIDE TREATMENT FOR HIGH BLOOD PRESSURE TO THE UNINSURED, AS OF 10/31/90


N
■Yes 11
☐No 42
☐ District of Columbia
☐ Guam
■ Virgin Islands

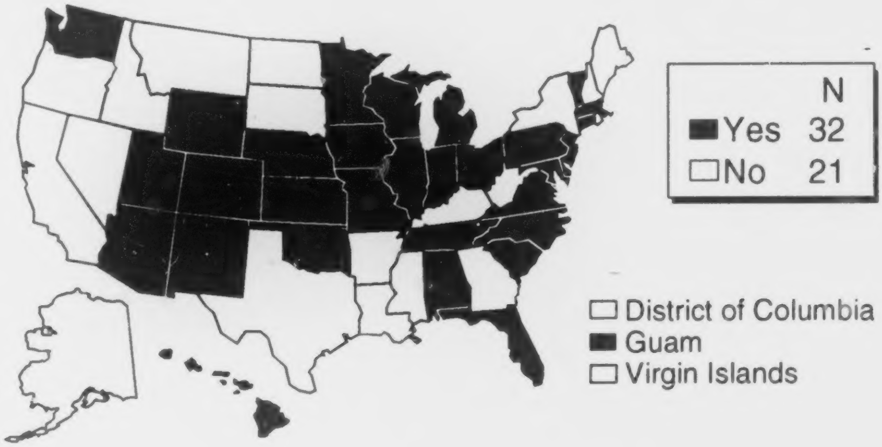
Source: ASTCDPD/PHF

FIGURE 13.
STATES THAT REQUIRE SCHOOL FOOD SERVICES TO WORK TOWARD MEETING *DIETARY GUIDELINES FOR AMERICANS,* AS OF 10/31/90


N
■ Yes 17
☐ No 36
☐ District of Columbia
■ Guam
☐ Virgin Islands

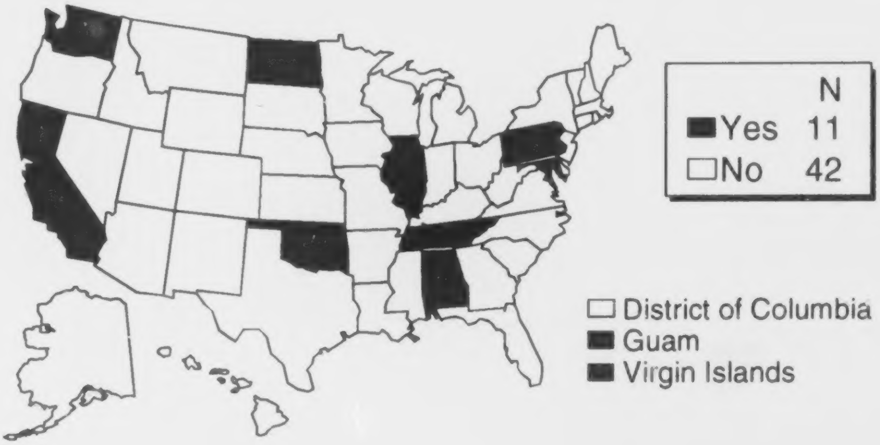
Source: ASTCDPD/PHF

FIGURE 14.
STATES THAT HAVE A GOVERNOR'S COUNCIL ON PHYSICAL FITNESS AND SPORTS, AS OF 10/31/90


N
■ Yes 32
☐ No 21
☐ District of Columbia
■ Guam
☐ Virgin Islands

Source: ASTCDPD/PHF

FIGURE 15.
STATES THAT MAINTAIN AN INVENTORY OF PHYSICAL ACTIVITY PROGRAMS, FACILITIES, AND SPECIAL EVENTS, AS OF 10/31/90


N
■ Yes 11
☐ No 42
☐ District of Columbia
■ Guam
■ Virgin Islands

Source: ASTCDPD/PHF

APPENDIX TABLES

TABLE 1. STATE HEALTH AGENCY EXPENDITURES FOR CHRONIC DISEASE ACTIVITIES, BY SOURCE OF FUNDS, FY '89

States and territories (1)	Total (2)	State (3)	Prevention Block Grant (4)	Other federal (5)	Other (6)
			(thousands of dollars)		
TOTAL	$245,371	$189,667	$27,606	$23,258	$4,840
Alabama	926	402	181	343	–
Alaska	1,510	190	303	1,018	–
Arizona	1,743	976	739	–	28
Arkansas	554	253	47	254	–
California	114,093	109,382	3,815	896	–
Colorado	2,443	266	155	1,672	350
Connecticut	1,331	461	623	187	60
Delaware	581	505	75	–	–
District of Columbia	1,200	675	150	375	–
Florida	7,828	4,885	1,697	409	837
Georgia	7,351	5,588	770	472	520
Guam	94	–	28	–	66
Hawaii	1,164	892	116	157	–
Idaho	624	374	250	–	–
Illinois	7,687	6,348	623	547	170
Indiana	1,882	893	673	250	66
Iowa	539	73	251	215	–
Kansas	449	37	134	243	35
Kentucky	2,519	2,045	364	110	–
Louisiana	2,050	840	820	390	–
Maine	1,022	151	138	733	–
Maryland	1,712	698	780	214	20
Massachusetts	1,093	391	390	312	–
Michigan	5,760	3,930	1,249	581	–
Minnesota	3,420	2,362	105	954	–
Mississippi	643	350	211	42	39
Missouri	1,713	449	574	690	–
Montana	366	56	53	257	–
Nebraska	1,956	1,528	209	219	–
Nevada	1,931	155	–	1,717	59
New Hampshire	440	242	171	27	–
New Jersey	7,572	3,596	1,363	1,146	1,467
New Mexico	1,499	733	530	201	35
New York	9,190	6,133	977	1,706	373
North Carolina	7,947	5,974	1,437	537	–
North Dakota	752	40	184	519	9
Ohio	1,863	691	775	397	–
Oklahoma	2,014	476	495	743	300
Oregon	–	–	–	–	–
Pennsylvania	14,995	13,041	1,363	591	–
Rhode Island	2,184	984	422	743	35
South Carolina	4,359	3,003	587	769	–
South Dakota	202	–	30	172	–
Tennessee	3,702	2,966	375	361	–
Texas	2,818	1,656	446	690	26
Utah	1,453	778	288	272	116
Vermont	577	330	146	73	28
Virginia	2,712	994	1,404	313	–
Virgin Islands	139	40	99	–	–
Washington	2,573	1,815	358	400	–
West Virginia	825	215	265	143	202
Wisconsin	1,200	700	300	200	–
Wyoming	174	106	68	–	–

Source: ASTCDPD/PHF

TABLE 2. STATE HEALTH AGENCY EXPENDITURES FOR CHRONIC DISEASE ACTIVITIES, BY TYPE OF DISEASE/RISK FACTOR, FY '89

States and territories (1)	Total (2)	Heart disease/ stroke (3)	Cancer (4)	Diabetes (5)	Injury (6)	Chronic obstructive pulmonary disease (7)	Arthritis (8)	Hyper- tension (9)	Cholesterol (10)	Tobacco (11)	Nutrition (12)	Exercise (13)	Admin- istration (14)	Other (15)
								(thousands of dollars)						
TOTAL	$245,371	$8,890	$40,821	$10,425	$8,971	$795	$1,130	$13,849	$1,852	$100,930	$4,709	$1,071	$2,875	$49,054
Alabama	926	–	–	225	250	–	–	181	70	100	–	–	100	–
Alaska	1,510	–	20	191	951	–	–	–	–	–	55	–	–	294
Arizona	1,743	–	236	–	–	–	–	–	682	41	438	17	138	193
Arkansas	554	–	171	–	150	–	–	–	–	–	–	–	–	233
California	114,093	–	7,662	199	271	–	–	1,796	–	95,765	794	–	–	7,606
Colorado	2,443	140	695	367	734	–	–	37	37	35	–	10	93	295
Connecticut	1,331	411	208	–	117	–	–	149	43	66	82	28	88	138
Delaware	581	–	189	25	–	–	–	90	–	16	–	–	–	262
District of Columbia	1,200	–	475	–	–	–	–	50	50	–	–	–	100	525
Florida	7,828	–	1,282	1,419	34	–	–	789	–	–	–	–	–	4,304
Georgia	7,351	–	4,073	849	292	–	–	1,965	–	–	–	173	–	–
Guam	94	–	–	–	–	–	–	94	–	–	–	–	–	–
Hawaii	1,164	–	–	157	–	–	–	168	–	–	29	15	210	586
Idaho	624	–	374	–	–	–	–	250	–	–	–	–	–	–
Illinois	7,687	–	2,044	–	25	–	–	623	–	35	–	–	–	4,961
Indiana	1,882	–	170	–	15	–	–	519	–	–	–	–	32	1,145
Iowa	539	118	12	–	241	–	–	–	–	–	35	–	–	133
Kansas	449	18	18	193	50	*	*	20	19	20	38	*	72	–
Kentucky	2,519	–	421	1,343	–	–	–	755	–	–	–	–	–	–
Louisiana	2,050	–	794	–	300	–	–	560	–	9	7	–	–	380
Maine	1,022	–	191	295	–	–	–	175	–	–	–	–	–	361
Maryland	1,712	62	261	266	205	–	8	757	20	18	38	–	44	34
Massachusetts	1,093	295	409	104	–	–	–	–	–	200	35	–	50	–
Michigan	5,760	–	423	435	342	–	98	1,141	30	98	138	4	–	3,050
Minnesota	3,420	72	860	258	457	–	–	–	103	1,239	71	–	269	90
Mississippi	643	–	235	208	–	–	–	200	–	–	–	–	–	–
Missouri	1,713	–	331	–	–	–	155	287	–	427	15	–	110	388
Montana	366	193	56	–	–	–	–	–	–	50	–	–	–	67
Nebraska	1,956	–	991	113	–	–	–	150	31	28	–	–	–	643
Nevada	1,931	–	137	–	38	–	–	39	–	–	1,717	–	–	–
New Hampshire	440	–	–	–	–	–	–	–	–	–	–	–	–	440
New Jersey	7,572	1,030	1,979	381	–	–	–	–	–	312	40	–	538	3,292
New Mexico	1,499	788	–	–	473	–	–	–	–	–	137	–	–	101
New York	9,190	3,068	3,140	502	1,319	–	–	–	–	159	102	–	–	900
North Carolina	7,947	53	1,137	158	215	–	176	817	–	–	–	27	–	5,365
North Dakota	752	–	136	137	236	–	–	10	92	58	9	3	6	66
Ohio	1,863	570	130	267	–	–	444	–	–	75	–	–	134	243
Oklahoma	2,014	99	692	51	580	–	–	–	–	–	–	–	101	491
Oregon	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Pennsylvania	14,995	–	5,658	737	145	752	204	1,023	–	–	–	–	123	6,353
Rhode Island	2,184	45	454	370	16	–	45	5	–	445	308	203	–	293
South Carolina	4,359	562	1,730	–	–	–	–	103	310	517	414	517	207	–
South Dakota	202	–	–	86	86	–	–	29	–	1	–	–	–	–
Tennessee	3,702	566	78	228	350	–	–	–	–	–	–	–	143	2,337
Texas	2,818	10	736	311	346	–	–	–	–	134	–	8	120	1,154
Utah	1,453	28	373	203	86	–	–	133	222	209	11	21	168	–
Vermont	577	–	20	–	72	–	–	–	–	–	–	–	–	485
Virginia	2,712	–	900	–	269	–	–	675	–	680	188	–	–	–
Virgin Islands	139	–	–	–	–	–	–	102	–	–	–	–	–	37
Washington	2,573	340	315	270	–	–	–	–	–	–	–	–	18	1,630
West Virginia	825	122	–	79	9	42	–	157	143	175	7	46	12	32
Wisconsin	1,200	300	500	–	300	–	–	–	–	–	–	–	–	100
Wyoming	174	–	106	–	–	–	–	–	–	17	–	–	–	51

Note: * = less than $500
Source: ASTCDPD/PHF

TABLE 3. STATE HEALTH AGENCY STAFF (FTES) EMPLOYED BY CHRONIC DISEASE PROGRAMS, BY OCCUPATION, AS OF 10/31/90

States and territories (1)	Total (2)	Program directors/ managers (3)	Physicians (4)	Registered nurses (5)	Health educators (6)	Nutritionists (7)	Epidemi-ologists (8)	Statisticians (9)	Public information officers (10)	Laboratory technicians (11)	Public health program specialists (12)	Other (13)
TOTAL	889.10	175.90	24.00	164.75	139.75	36.75	78.20	36.35	15.30	7.50	126.10	84.50
Alabama	4.20	2.00	–	–	0.20	–	–	–	1.00	–	1.00	–
Alaska	3.00	2.00	–	1.00	–	–	–	–	–	–	–	–
Arizona	15.00	–	1.00	–	–	–	–	1.00	–	–	–	13.00
Arkansas	1.50	0.50	–	–	–	1.00	–	–	–	–	–	–
California	78.50	11.00	5.00	4.00	13.50	3.00	13.00	4.00	–	1.00	1.00	23.00
Colorado	39.70	6.00	–	2.00	–	0.50	9.00	3.90	0.80	–	12.50	5.00
Connecticut	12.00	2.00	–	–	2.00	–	1.00	–	1.00	–	5.00	1.00
Delaware	5.90	3.00	1.00	0.40	–	–	–	–	–	–	1.50	–
District of Columbia	19.00	2.00	2.00	–	3.00	–	1.00	2.00	3.00	3.00	3.00	–
Florida	U	U	U	U	U	U	U	U	U	U	U	U
Georgia	16.20	3.00	0.20	4.00	1.00	1.00	1.00	–	–	–	–	6.00
Guam	–	–	–	–	–	–	–	–	–	–	–	–
Hawaii	11.25	2.00	–	7.25	–	1.00	–	–	–	–	–	1.00
Idaho	2.00	1.00	–	–	1.00	–	–	–	–	–	–	–
Illinois	10.00	7.00	–	1.00	–	–	1.00	–	–	–	1.00	–
Indiana	9.00	3.00	1.00	2.00	–	–	1.00	–	–	–	2.00	–
Iowa	2.60	–	–	1.00	–	0.60	–	–	–	–	1.00	–
Kansas	4.50	2.50	–	–	1.00	–	–	–	–	–	–	1.00
Kentucky	8.00	4.00	–	2.00	–	–	–	–	–	–	2.00	–
Louisiana	33.60	2.00	0.20	18.00	1.00	0.20	1.00	1.20	–	–	2.00	8.00
Maine	11.50	4.00	0.50	1.00	2.50	1.50	2.00	–	–	–	–	–
Maryland	17.00	6.00	1.00	2.00	2.00	1.00	2.00	2.00	–	–	1.00	–
Massachusetts	5.00	1.00	–	–	1.00	–	–	–	–	–	3.00	–
Michigan	24.00	5.00	1.00	2.00	–	1.00	1.00	2.00	–	–	11.00	1.00
Minnesota	39.35	5.00	1.00	4.80	3.00	2.80	9.75	2.00	1.00	1.00	9.00	–
Mississippi	4.00	1.00	–	2.00	–	1.00	–	–	–	–	–	–
Missouri	31.25	5.00	–	1.25	10.50	1.00	4.00	–	1.00	–	6.00	2.50
Montana	4.00	1.00	–	–	1.00	–	–	–	–	–	2.00	–
Nebraska	7.15	3.00	–	3.00	–	0.65	–	0.50	–	–	–	–
Nevada	–	–	–	–	–	–	–	–	–	–	–	–
New Hampshire	11.75	2.00	–	–	7.00	1.00	1.00	0.75	–	–	–	–
New Jersey	56.60	8.00	1.00	6.00	2.00	1.00	2.00	6.50	–	–	23.10	7.00
New Mexico	34.00	5.00	–	7.00	18.00	4.00	–	–	–	–	–	–
New York	39.55	11.60	2.75	3.00	2.00	1.60	12.60	–	–	–	6.00	–
North Carolina	26.00	9.00	1.00	10.00	1.00	1.00	–	–	–	–	4.00	–
North Dakota	8.95	3.00	–	0.70	4.70	0.30	–	0.25	–	–	–	–
Ohio	15.20	5.00	0.20	3.00	1.00	1.00	1.00	–	–	–	4.00	–
Oklahoma	11.20	2.00	0.20	1.00	1.00	–	1.00	–	5.00	–	1.00	–
Oregon	–	–	–	–	–	–	–	–	–	–	–	–
Pennsylvania	27.00	12.00	–	4.00	–	–	1.00	2.00	–	–	3.00	5.00
Rhode Island	17.00	3.00	1.00	1.00	4.00	1.00	1.50	0.50	2.00	–	3.00	–
South Carolina	45.00	6.00	–	16.00	16.00	3.50	1.00	2.50	–	–	–	–
South Dakota	4.00	1.00	–	1.00	2.00	–	–	–	–	–	–	–
Tennessee	30.60	10.00	0.10	3.50	15.00	1.00	–	–	–	1.00	–	–
Texas	52.50	2.00	1.00	26.00	2.50	–	3.00	3.00	–	–	6.00	9.00
Utah	29.80	2.00	–	6.10	9.60	2.60	–	1.00	–	0.50	7.00	1.00
Vermont	10.50	1.00	1.00	3.00	3.00	0.50	2.00	–	–	–	–	–
Virginia	15.50	1.00	–	9.00	3.00	1.00	1.50	–	–	–	–	–
Virgin Islands	3.00	1.00	–	2.00	–	–	–	–	–	–	–	–
Washington	11.00	3.00	–	2.00	3.00	–	2.00	–	–	–	1.00	–
West Virginia	15.75	2.30	0.85	1.25	1.75	1.00	1.85	1.25	0.50	1.00	4.00	–
Wisconsin	3.00	1.00	1.00	0.50	0.50	–	–	–	–	–	–	–
Wyoming	2.00	1.00	–	–	–	–	–	–	–	–	–	1.00

Note: U = data reported as unobtainable by the respondent

Source: ASTCDPD/PHF

TABLE 4. STATE HEALTH AGENCY STAFF OTHER THAN CHRONIC DISEASE PROGRAM STAFF (FTES) THAT ARE INVOLVED IN CHRONIC DISEASE ACTIVITIES, BY OCCUPATION, AS OF 10/31/90

States and territories (1)	Total (2)	Program directors/ managers (3)	Physicians (4)	Registered nurses (5)	Health educators (6)	Nutritionists (7)	Epidemi-ologists (8)	Statisticians (9)	Public information officers (10)	Laboratory technicians (11)	Public health program specialists (12)	Other (13)
TOTAL	197.57	24.95	12.25	16.85	36.10	11.25	15.20	29.05	2.60	2.50	14.40	32.42
Alabama	–	–	–	–	–	–	–	–	–	–	–	–
Alaska	5.45	–	–	1.10	–	0.25	0.50	–	0.10	–	2.00	1.50
Arizona	9.95	0.50	–	–	5.00	4.45	–	–	–	–	–	–
Arkansas	0.50	–	–	–	–	–	0.50	–	–	–	–	–
California	–	–	–	–	–	–	–	–	–	–	–	–
Colorado	–	–	–	–	–	–	–	–	–	–	–	–
Connecticut	27.25	–	–	–	–	0.25	0.25	26.00	0.25	0.25	–	0.25
Delaware	–	–	–	–	–	–	–	–	–	–	–	–
District of Columbia	–	–	–	–	–	–	–	–	–	–	–	–
Florida	U	U	U	U	U	U	U	U	U	U	U	U
Georgia	–	–	–	–	–	–	–	–	–	–	–	–
Guam	1.00	–	–	–	–	–	–	–	–	–	–	1.00
Hawaii	2.00	–	–	–	1.00	–	1.00	–	–	–	–	–
Idaho	–	–	–	–	–	–	–	–	–	–	–	–
Illinois	1.00	–	–	–	1.00	–	–	–	–	–	–	–
Indiana	4.00	–	–	–	3.00	0.50	0.50	–	–	–	–	–
Iowa	3.85	0.25	0.10	–	–	0.40	2.80	–	0.10	–	0.20	–
Kansas	2.60	1.00	0.05	0.30	–	0.05	0.05	0.10	0.05	–	1.00	–
Kentucky	–	–	–	–	–	–	–	–	–	–	–	–
Louisiana	–	–	–	–	–	–	–	–	–	–	–	–
Maine	0.30	–	–	–	–	–	–	0.30	–	–	–	–
Maryland	3.00	–	–	–	–	–	2.00	–	–	1.00	–	–
Massachusetts	6.25	1.00	1.00	2.00	1.00	–	1.25	–	–	–	–	–
Michigan	–	–	–	–	–	–	–	–	–	–	–	–
Minnesota	–	–	–	–	–	–	–	–	–	–	–	–
Mississippi	2.00	0.25	–	–	1.25	–	–	0.25	0.25	–	–	–
Missouri	0.40	–	–	–	–	0.40	–	–	–	–	–	–
Montana	–	–	–	–	–	–	–	–	–	–	–	–
Nebraska	4.00	3.00	–	–	1.00	–	–	–	–	–	–	–
Nevada	1.45	–	–	1.25	0.10	0.10	–	–	–	–	–	–
New Hampshire	10.75	8.00	2.75	–	–	–	–	–	–	–	–	–
New Jersey	2.10	–	2.00	–	–	–	–	–	0.10	–	–	–
New Mexico	0.75	–	–	–	–	–	0.75	–	–	–	–	–
New York	–	–	–	–	–	–	–	–	–	–	–	–
North Carolina	19.00	3.00	1.00	1.00	–	–	2.00	2.00	–	–	9.00	1.00
North Dakota	2.60	0.20	0.10	0.10	1.00	–	0.50	0.20	–	0.25	–	0.25
Ohio	4.00	2.00	2.00	–	–	–	–	–	–	–	–	–
Oklahoma	10.70	2.00	–	1.00	4.50	–	3.00	–	–	–	0.20	–
Oregon	2.10	–	–	2.00	–	–	0.10	–	–	–	–	–
Pennsylvania	28.42	–	–	–	–	–	–	–	–	–	–	28.42
Rhode Island	2.50	1.00	–	–	–	1.50	–	–	–	–	–	–
South Carolina	–	–	–	–	–	–	–	–	–	–	–	–
South Dakota	3.95	–	0.25	3.00	–	0.25	–	0.20	0.25	–	–	–
Tennessee	–	–	–	–	–	–	–	–	–	–	–	–
Texas	9.60	0.25	–	–	7.75	0.10	–	–	0.50	1.00	–	–
Utah	–	–	–	–	–	–	–	–	–	–	–	–
Vermont	8.10	1.50	0.50	0.10	6.00	–	–	–	–	–	–	–
Virginia	3.00	–	–	1.00	2.00	–	–	–	–	–	–	–
Virgin Islands	3.00	–	–	2.00	1.00	–	–	–	–	–	–	–
Washington	4.00	–	2.00	–	–	1.00	–	–	1.00	–	–	–
West Virginia	6.00	1.00	0.50	2.00	0.50	2.00	–	–	–	–	–	–
Wisconsin	–	–	–	–	–	–	–	–	–	–	–	–
Wyoming	2.00	–	–	–	–	–	–	–	–	–	2.00	–

Note: U = data reported as unobtainable by the respondent

Source: ASTCDPD/PHF

TABLE 5. CHRONIC DISEASES THAT ARE ADDRESSED IN A STATE PLAN INCORPORATING 1990 STATE OBJECTIVES, AS OF 10/31/90

States and territories (1)	Heart disease/ stroke (2)	Cancer (3)	Diabetes (4)	Injury (5)	Chronic obstructive pulmonary disease (6)	Arthritis (7)	Other (8)
TOTAL	20	19	21	19	4	3	6
Alabama	X	-	X	X	-	-	-
Alaska	-	-	-	-	-	-	-
Arizona	-	-	-	-	-	-	-
Arkansas	-	-	-	-	-	-	-
California	-	-	-	-	-	-	-
Colorado	X	X	-	X	-	-	-
Connecticut	-	-	-	-	-	-	-
Delaware	-	-	-	-	-	-	-
District of Columbia	-	X	-	-	-	-	-
Florida	X	X	X	X	X	-	-
Georgia	X	X	X	X	-	-	-
Guam	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-
Idaho	X	X	-	-	-	-	-
Illinois	X	-	X	-	-	-	X
Indiana	X	X	X	X	X	X	-
Iowa	-	-	-	-	-	-	-
Kansas	-	-	X	X	-	-	-
Kentucky	-	-	-	-	-	-	-
Louisiana	X	X	X	X	-	-	X
Maine	-	-	-	-	-	-	-
Maryland	X	X	X	X	-	-	-
Massachusetts	X	X	X	X	-	-	-
Michigan	-	-	-	-	-	-	X
Minnesota	-	-	-	-	-	-	-
Mississippi	X	X	X	X	-	-	-
Missouri	-	-	-	-	-	-	-
Montana	X	X	X	X	X	-	-
Nebraska	-	X	X	-	-	-	-
Nevada	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-
New Jersey	X	X	X	-	-	-	X
New Mexico	-	-	-	-	-	-	-
New York	X	X	-	X	-	-	-
North Carolina	X	X	X	X	-	X	X
North Dakota	-	-	X	X	-	-	-
Ohio	-	-	-	-	-	-	-
Oklahoma	-	-	-	-	-	-	-
Oregon	-	-	-	-	-	-	-
Pennsylvania	-	-	-	-	-	-	-
Rhode Island	X	X	X	X	X	-	-
South Carolina	-	-	-	-	-	-	-
South Dakota	-	-	X	-	-	-	-
Tennessee	-	-	-	-	-	-	-
Texas	-	-	-	X	-	-	X
Utah	X	X	X	X	-	-	-
Vermont	-	-	-	-	-	-	-
Virginia	X	X	X	X	-	-	-
Virgin Islands	X	X	X	-	-	X	-
Washington	-	-	-	-	-	-	-
West Virginia	X	-	X	X	-	-	-
Wisconsin	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

TABLE 6. CHRONIC DISEASE RISK FACTORS THAT ARE ADDRESSED IN A STATE PLAN INCORPORATING 1990 STATE OBJECTIVES, AS OF 10/31/90

States and territories (1)	Hypertension (2)	Cholesterol (3)	Tobacco (4)	Nutrition (5)	Alcohol (6)	Exercise (7)	Other (8)
TOTAL	23	14	21	18	7	10	4
Alabama	X	X	X	X	X	X	-
Alaska	-	-	-	X	-	-	-
Arizona	-	-	-	-	-	-	-
Arkansas	-	-	-	-	-	-	-
California	-	-	-	-	-	-	-
Colorado	-	-	X	X	X	X	X
Connecticut	-	-	-	-	-	-	-
Delaware	X	-	-	-	-	-	-
District of Columbia	X	X	X	-	-	-	-
Florida	X	X	X	-	X	X	-
Georgia	X	X	X	X	-	X	-
Guam	X	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-
Idaho	X	X	X	X	-	-	-
Illinois	X	-	-	-	-	-	-
Indiana	X	X	X	X	X	X	-
Iowa	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-
Kentucky	-	-	-	-	-	-	-
Louisiana	X	-	-	-	-	-	-
Maine	-	-	-	-	-	-	-
Maryland	X	X	X	X	-	-	-
Massachusetts	X	X	X	X	-	X	-
Michigan	-	-	-	-	-	-	-
Minnesota	-	-	X	X	-	-	-
Mississippi	X	-	X	X	-	-	-
Missouri	-	-	-	-	-	-	-
Montana	X	X	X	X	-	X	-
Nebraska	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-
New Jersey	X	X	X	X	-	-	-
New Mexico	-	-	-	-	-	-	-
New York	X	-	X	X	-	-	-
North Carolina	X	X	X	X	-	X	X
North Dakota	X	X	X	-	-	-	-
Ohio	-	-	-	-	-	-	-
Oklahoma	-	-	-	-	-	-	-
Oregon	-	-	-	-	-	-	-
Pennsylvania	-	-	-	-	-	-	-
Rhode Island	X	-	X	X	X	X	X
South Carolina	-	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-
Tennessee	-	-	-	-	-	-	-
Texas	X	-	X	X	X	X	X
Utah	X	-	X	-	-	-	-
Vermont	-	-	-	-	-	-	-
Virginia	X	X	X	X	-	-	-
Virgin Islands	X	X	X	-	X	-	-
Washington	-	-	-	-	-	-	-
West Virginia	-	-	-	X	-	-	-
Wisconsin	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

TABLE 7. CHRONIC DISEASES THAT ARE ADDRESSED IN A STATE PLAN INCORPORATING YEAR 2000 STATE OBJECTIVES, AS OF 10/31/90

States and territories (1)	Heart disease/ stroke (2)	Cancer (3)	Diabetes (4)	Injury (5)	Chronic obstructive pulmonary disease (6)	Arthritis (7)	Other (8)
TOTAL	20	25	16	17	5	4	4
Alabama	-	-	-	-	-	-	-
Alaska	-	-	-	-	-	-	-
Arizona	X	X	-	X	-	-	-
Arkansas	-	-	-	-	-	-	-
California	-	-	-	-	-	-	-
Colorado	X	X	-	X	-	-	-
Connecticut	-	-	-	-	-	-	-
Delaware	-	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-	-
Florida	X	X	X	X	X	-	-
Georgia	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-
Hawaii	-	-	X	-	-	-	-
Idaho	X	X	-	-	-	-	-
Illinois	X	X	X	X	-	-	X
Indiana	X	X	X	X	X	X	-
Iowa	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-
Kentucky	-	-	-	-	-	-	-
Louisiana	-	-	-	-	-	-	-
Maine	-	-	-	-	-	-	-
Maryland	-	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-	-
Michigan	-	X	-	-	-	-	X
Minnesota	X	X	X	X	-	-	-
Mississippi	X	X	X	X	-	-	-
Missouri	-	X	-	-	-	-	-
Montana	X	X	X	X	X	X	X
Nebraska	-	X	X	-	-	-	-
Nevada	-	-	-	-	-	-	-
New Hampshire	X	X	X	X	-	-	-
New Jersey	-	-	-	-	-	-	-
New Mexico	-	-	-	-	-	-	-
New York	X	X	X	X	-	-	-
North Carolina	-	-	-	-	-	-	-
North Dakota	-	X	-	-	-	-	-
Ohio	-	-	-	-	-	-	-
Oklahoma	-	-	-	-	-	-	-
Oregon	X	X	-	X	X	-	-
Pennsylvania	-	-	-	-	-	-	-
Rhode Island	-	-	-	-	-	-	-
South Carolina	-	X	-	-	-	-	-
South Dakota	X	X	X	X	-	-	-
Tennessee	-	-	-	-	-	-	-
Texas	X	X	X	X	-	-	X
Utah	X	X	X	X	-	-	-
Vermont	X	X	-	X	-	-	-
Virginia	X	X	X	X	-	-	-
Virgin Islands	X	X	X	-	-	X	-
Washington	-	-	-	-	-	-	-
West Virginia	-	-	-	-	-	-	-
Wisconsin	X	X	X	X	-	X	-
Wyoming	X	X	-	-	X	-	-

Source: ASTCDPD/PHF

TABLE 8. CHRONIC DISEASE RISK FACTORS THAT ARE ADDRESSED IN A STATE PLAN INCORPORATING YEAR 2000 STATE OBJECTIVES, AS OF 10/31/90

States and territories (1)	Hypertension (2)	Cholesterol (3)	Tobacco (4)	Nutrition (5)	Alcohol (6)	Exercise (7)	Other (8)
TOTAL	16	17	22	15	11	14	3
Alabama	-	-	-	-	-	-	-
Alaska	-	-	-	-	-	-	-
Arizona	-	-	X	-	X	-	-
Arkansas	-	-	-	-	-	-	-
California	-	-	X	-	-	-	-
Colorado	X	X	-	X	-	X	-
Connecticut	-	-	-	-	-	-	-
Delaware	-	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-	-
Florida	X	X	X	-	X	X	-
Georgia	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-
Idaho	X	X	X	X	-	-	-
Illinois	X	X	X	-	-	-	-
Indiana	X	X	X	X	X	X	-
Iowa	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-
Kentucky	-	-	-	-	-	-	-
Louisiana	-	-	-	-	-	-	-
Maine	-	-	-	-	-	-	-
Maryland	-	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-	-
Michigan	-	-	X	-	-	-	-
Minnesota	-	X	X	X	X	X	-
Mississippi	-	-	X	X	X	X	-
Missouri	-	-	-	X	-	-	-
Montana	X	X	X	X	-	X	-
Nebraska	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-
New Hampshire	X	X	X	X	X	X	X
New Jersey	-	-	-	-	-	-	-
New Mexico	-	-	-	-	-	-	-
New York	X	X	X	X	-	X	-
North Carolina	-	-	-	-	-	-	-
North Dakota	-	-	X	-	-	-	-
Ohio	-	-	-	-	-	-	-
Oklahoma	-	-	-	-	-	-	-
Oregon	X	X	X	X	X	X	X
Pennsylvania	-	-	-	-	-	-	-
Rhode Island	-	-	-	-	-	-	-
South Carolina	-	-	-	-	-	-	-
South Dakota	X	X	X	-	-	X	-
Tennessee	-	-	-	-	-	-	-
Texas	X	X	X	X	X	X	X
Utah	X	X	X	-	-	-	-
Vermont	X	X	X	X	X	X	-
Virginia	X	X	X	X	-	-	-
Virgin Islands	X	X	X	X	X	X	-
Washington	-	-	-	-	-	-	-
West Virginia	-	-	-	-	-	-	-
Wisconsin	X	X	X	X	X	X	-
Wyoming	-	-	X	-	-	-	-

Source. ASTCDPD/PHF

TABLE 9. CHRONIC DISEASES THAT YEAR 2000 STATE OBJECTIVES ARE PLANNED TO ADDRESS, AS OF 10/31/90

States and territories (1)	Heart disease/ stroke (2)	Cancer (3)	Diabetes (4)	Injury (5)	Chronic obstructive pulmonary disease (6)	Arthritis (7)	Other (8)
TOTAL	31	28	29	33	10	11	8
Alabama	X	X	X	X	-	-	-
Alaska	X	X	X	X	X	X	-
Arizona	-	-	-	-	-	-	-
Arkansas	X	X	X	X	X	X	-
California	X	X	X	X	X	X	X
Colorado	-	-	X	-	-	-	-
Connecticut	X	X	X	X	-	-	-
Delaware	-	X	X	X	-	-	-
District of Columbia	X	X	X	X	-	-	-
Florida	-	-	-	-	-	-	-
Georgia	X	X	X	X	-	X	-
Guam	X	X	X	X	-	-	-
Hawaii	X	X	-	X	-	X	-
Idaho	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-
Indiana	-	-	-	-	-	-	-
Iowa	X	X	X	X	-	-	-
Kansas	X	X	-	X	-	-	-
Kentucky	X	X	X	X	-	-	-
Louisiana	X	X	X	X	-	-	X
Maine	X	X	X	X	X	X	-
Maryland	X	X	X	X	-	-	-
Massachusetts	X	X	X	X	-	-	-
Michigan	X	-	X	X	X	X	X
Minnesota	-	-	-	-	-	-	-
Mississippi	-	-	-	-	-	-	-
Missouri	X	-	X	X	X	X	-
Montana	-	-	-	-	-	-	-
Nebraska	X	-	-	X	-	-	-
Nevada	X	X	-	X	X	-	-
New Hampshire	-	-	-	-	-	-	-
New Jersey	X	X	X	X	-	-	X
New Mexico	X	X	X	X	-	-	-
New York	-	-	-	-	-	-	-
North Carolina	X	X	X	X	-	X	X
North Dakota	-	-	X	X	-	-	-
Ohio	X	X	X	X	-	X	-
Oklahoma	X	X	X	X	-	-	X
Oregon	-	-	-	-	-	-	-
Pennsylvania	X	X	X	X	X	X	-
Rhode Island	X	X	X	X	X	-	-
South Carolina	X	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-
Tennessee	X	X	X	X	-	-	-
Texas	-	-	-	-	-	-	-
Utah	-	-	-	-	-	-	X
Vermont	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-
Virgin Islands	-	-	-	X	-	-	-
Washington	X	X	X	X	-	-	X
West Virginia	X	X	X	X	X	-	-
Wisconsin	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

TABLE 10. CHRONIC DISEASE RISK FACTORS THAT YEAR 2000 STATE OBJECTIVES ARE PLANNED TO ADDRESS, AS OF 10/31/90

States and territories (1)	Hypertension (2)	Cholesterol (3)	Tobacco (4)	Nutrition (5)	Alcohol (6)	Exercise (7)	Other (8)
TOTAL	32	26	30	26	19	24	6
Alabama	X	X	X	X	X	X	-
Alaska	X	X	X	X	X	X	-
Arizona	-	X	-	-	-	-	-
Arkansas	X	X	X	X	X	X	-
California	X	X	-	X	X	X	-
Colorado	-	-	X	-	X	-	X
Connecticut	X	X	X	X	X	X	X
Delaware	X	-	X	-	-	-	-
District of Columbia	X	X	X	X	X	X	-
Florida	-	-	-	-	-	-	-
Georgia	X	-	-	-	-	X	-
Guam	X	-	X	X	X	X	-
Hawaii	X	X	X	X	X	X	-
Idaho	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-
Indiana	-	-	-	-	-	-	-
Iowa	X	X	X	X	X	X	-
Kansas	X	X	X	X	-	X	-
Kentucky	X	X	X	X	X	X	-
Louisiana	X	-	X	-	-	-	-
Maine	X	X	X	X	X	X	-
Maryland	X	X	X	X	-	-	-
Massachusetts	X	X	X	X	-	X	-
Michigan	X	X	-	X	-	-	X
Minnesota	-	-	-	-	-	-	-
Mississippi	X	-	-	-	-	-	-
Missouri	X	X	X	-	X	X	-
Montana	-	-	-	-	-	-	-
Nebraska	-	-	X	-	-	-	-
Nevada	X	-	X	-	X	-	-
New Hampshire	-	-	-	-	-	-	-
New Jersey	X	X	X	X	X	-	-
New Mexico	X	X	X	X	X	X	X
New York	-	-	-	-	-	-	-
North Carolina	X	X	X	X	-	X	X
North Dakota	-	-	-	-	-	-	-
Ohio	X	X	X	X	-	-	-
Oklahoma	X	X	X	X	-	X	-
Oregon	-	-	-	-	-	-	-
Pennsylvania	X	X	X	X	X	X	-
Rhode Island	X	X	X	X	X	X	X
South Carolina	X	X	X	X	-	X	-
South Dakota	-	-	-	-	-	-	-
Tennessee	X	-	X	X	-	X	-
Texas	-	-	-	-	-	-	-
Utah	-	-	-	X	-	X	-
Vermont	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-	-
Washington	X	X	X	-	-	-	-
West Virginia	X	X	X	X	X	X	-
Wisconsin	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

TABLE 11. DATA WITH STATEWIDE COVERAGE, AS OF 10/31/90

States and territories (1)	Mortality (2)	Cancer registry (3)	Alzheimer's registry (4)	Spinal cord registry (5)	Other registry (6)	Behavioral risk factor surveillance system (7)	Hospital discharge (8)	Ambulatory care (9)	Other (10)
TOTAL	53	38	8	17	13	49	33	12	17
Alabama	X	-	-	-	X	X	-	-	-
Alaska	X	-	-	-	-	X	-	-	-
Arizona	X	X	-	-	X	X	X	-	-
Arkansas	X	-	-	X	-	-	-	-	-
California	X	X	X	X	-	X	X	-	X
Colorado	X	X	-	X	-	X	X	-	-
Connecticut	X	X	-	-	-	X	X	-	X
Delaware	X	X	-	-	-	X	-	-	-
District of Columbia	X	X	-	-	-	X	X	-	-
Florida	X	X	X	X	-	X	X	-	-
Georgia	X	X	-	X	-	X	-	-	-
Guam	X	X	-	-	-	X	-	-	-
Hawaii	X	X	-	-	X	X	-	-	X
Idaho	X	X	-	-	-	X	-	-	-
Illinois	X	X	X	-	X	X	X	X	-
Indiana	X	X	-	X	-	X	X	-	-
Iowa	X	X	-	X	-	X	X	X	X
Kansas	X	X	-	-	-	X	-	-	-
Kentucky	X	X	-	-	-	X	-	-	-
Louisiana	X	X	-	X	-	X	-	-	-
Maine	X	X	-	-	X	X	X	X	-
Maryland	X	-	-	X	-	X	X	-	-
Massachusetts	X	X	-	-	-	-	X	-	-
Michigan	X	X	X	X	X	X	X	X	X
Minnesota	X	X	-	-	-	X	-	-	-
Mississippi	X	-	-	-	-	X	X	-	-
Missouri	X	X	-	X	-	X	X	-	-
Montana	X	X	-	-	-	X	-	X	X
Nebraska	X	X	-	-	-	X	-	-	X
Nevada	X	X	X	-	-	-	X	-	-
New Hampshire	X	X	-	-	-	X	X	X	X
New Jersey	X	X	-	X	-	X	X	-	X
New Mexico	X	X	-	-	-	X	-	-	-
New York	X	X	X	X	-	X	X	X	X
North Carolina	X	X	-	X	X	X	X	-	-
North Dakota	X	-	-	X	X	X	X	-	X
Ohio	X	-	-	-	-	X	X	-	-
Oklahoma	X	-	-	-	-	X	-	-	-
Oregon	X	-	-	-	-	X	-	-	-
Pennsylvania	X	X	-	-	X	X	X	-	-
Rhode Island	X	X	-	-	-	X	X	-	-
South Carolina	X	-	X	-	-	X	X	-	-
South Dakota	X	-	-	-	X	X	-	-	X
Tennessee	X	X	-	-	-	X	X	X	-
Texas	X	-	-	-	-	X	-	-	-
Utah	X	X	-	-	-	X	X	-	X
Vermont	X	-	-	-	-	X	X	-	X
Virginia	X	X	X	X	X	X	X	X	X
Virgin Islands	X	-	-	-	X	X	X	X	-
Washington	X	X	-	X	-	X	X	X	X
West Virginia	X	-	-	-	-	X	X	-	X
Wisconsin	X	X	-	-	X	X	X	X	-
Wyoming	X	X	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

TABLE 12. DATA WITH SUBSTATE COVERAGE, AS OF 10/31/90

States and territories (1)	Mortality (2)	Cancer registry (3)	Alzheimer's registry (4)	Spinal cord registry (5)	Other registry (6)	Behavioral risk factor surveillance system (7)	Hospital discharge (8)	Ambulatory care (9)	Other (10)
TOTAL	0	10	3	6	3	2	13	10	7
Alabama	-	-	-	-	-	-	-	-	-
Alaska	-	X	-	-	-	-	X	X	-
Arizona	-	-	-	-	-	-	-	-	-
Arkansas	-	-	-	-	X	X	-	-	-
California	-	-	-	-	-	-	-	X	-
Colorado	-	-	-	-	-	-	-	-	X
Connecticut	-	-	-	-	-	-	-	-	X
Delaware	-	-	-	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	-	-	-
Georgia	-	-	-	-	-	-	X	-	-
Guam	-	-	-	-	X	-	X	X	-
Hawaii	-	-	X	X	-	-	X	X	-
Idaho	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-
Indiana	-	-	-	-	-	-	-	-	-
Iowa	-	-	X	-	-	-	-	-	X
Kansas	-	-	-	-	-	-	X	-	-
Kentucky	-	-	-	-	-	-	-	-	-
Louisiana	-	-	-	-	-	-	-	-	-
Maine	-	-	-	-	-	-	-	-	-
Maryland	-	X	-	-	-	-	-	-	-
Massachusetts	-	-	-	X	-	X	-	-	-
Michigan	-	-	-	-	-	-	-	-	-
Minnesota	-	-	-	-	-	-	X	-	-
Mississippi	-	-	-	-	-	-	-	-	-
Missouri	-	-	-	-	-	-	-	-	X
Montana	-	-	-	-	-	-	X	-	-
Nebraska	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	X	-	-	-	-	-	-
New Jersey	-	-	-	-	-	-	-	X	-
New Mexico	-	-	-	X	-	-	X	X	X
New York	-	-	-	-	X	-	-	-	-
North Carolina	-	-	-	-	-	-	-	X	X
North Dakota	-	X	-	-	-	-	-	-	-
Ohio	-	X	-	-	-	-	-	-	-
Oklahoma	-	X	-	X	-	-	X	-	-
Oregon	-	X	-	-	-	-	X	X	-
Pennsylvania	-	-	-	X	-	-	-	-	-
Rhode Island	-	-	-	-	-	-	-	-	X
South Carolina	-	X	-	-	-	-	-	-	-
South Dakota	-	X	-	-	-	-	X	X	-
Tennessee	-	-	-	-	-	-	-	-	-
Texas	-	X	-	-	-	-	X	-	-
Utah	-	-	-	X	-	-	-	X	-
Vermont	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	-	-	-	-	-	-
Virgin Islands	-	X	-	-	-	-	-	-	-
Washington	-	-	-	-	-	-	-	-	-
West Virginia	-	-	-	-	-	-	-	-	-
Wisconsin	-	-	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	X	-	-

Source: ASTCDPD/PHF

TABLE 13. DATA THAT ARE NONEXISTENT, AS OF 10/31/90

States and territories (1)	Mortality (2)	Cancer registry (3)	Alzheimer's registry (4)	Spinal cord registry (5)	Other registry (6)	Behavioral risk factor surveillance system (7)	Hospital discharge (8)	Ambula-tory care (9)	Other (10)
TOTAL	0	5	42	30	37	2	7	31	0
Alabama	-	X	X	X	-	-	X	X	-
Alaska	-	-	X	X	X	-	-	-	-
Arizona	-	-	X	X	-	-	-	X	-
Arkansas	-	X	X	-	-	-	X	X	-
California	-	-	-	-	X	-	-	-	-
Colorado	-	-	X	-	X	-	-	X	-
Connecticut	-	-	X	X	X	-	-	X	-
Delaware	-	-	X	X	X	-	X	X	-
District of Columbia	-	-	X	X	X	-	-	X	-
Florida	-	-	-	-	X	-	-	X	-
Georgia	-	-	X	-	X	-	-	X	-
Guam	-	-	X	X	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-	-	-
Idaho	-	-	X	X	X	-	X	X	-
Illinois	-	-	-	X	-	-	-	-	-
Indiana	-	-	X	-	X	-	-	X	-
Iowa	-	-	-	-	X	-	-	-	-
Kansas	-	-	X	X	X	-	-	X	-
Kentucky	-	-	X	X	X	-	X	X	-
Louisiana	-	-	X	-	X	-	X	X	-
Maine	-	-	X	X	-	-	-	-	-
Maryland	-	-	X	-	X	-	-	X	-
Massachusetts	-	-	X	-	X	-	-	X	-
Michigan	-	-	-	-	-	-	-	-	-
Minnesota	-	-	X	X	X	-	-	X	-
Mississippi	-	X	X	X	X	-	-	X	-
Missouri	-	-	X	-	X	-	-	X	-
Montana	-	-	X	X	X	-	-	-	-
Nebraska	-	-	X	X	X	-	X	X	-
Nevada	-	-	-	X	X	X	-	X	-
New Hampshire	-	-	-	X	X	-	-	-	-
New Jersey	-	-	X	-	X	-	-	-	-
New Mexico	-	-	X	-	X	-	-	-	-
New York	-	-	-	-	-	-	-	-	-
North Carolina	-	-	X	-	-	-	-	-	-
North Dakota	-	-	X	-	-	-	-	X	-
Ohio	-	-	X	X	X	-	-	X	-
Oklahoma	-	-	X	-	X	-	-	X	-
Oregon	-	-	X	X	X	-	-	-	-
Pennsylvania	-	-	X	-	-	-	-	X	-
Rhode Island	-	-	X	X	X	-	-	X	-
South Carolina	-	-	-	X	X	-	-	X	-
South Dakota	-	-	X	X	-	-	-	-	-
Tennessee	-	-	X	X	X	-	-	-	-
Texas	-	-	X	X	X	-	-	X	-
Utah	-	-	X	-	X	-	-	-	-
Vermont	-	X	X	X	X	-	-	X	-
Virginia	-	-	-	-	-	-	-	-	-
Virgin Islands	-	-	X	X	-	-	-	-	-
Washington	-	-	X	-	X	-	-	-	-
West Virginia	-	X	X	X	X	-	-	X	-
Wisconsin	-	-	X	X	-	-	-	-	-
Wyoming	-	-	X	X	X	X	-	X	-

Source: ASTCDPD/PHF

TABLE 14. METHOD OF FORMATION OF ADVISORY COMMITTEES, AS OF 10/31/90

States and territories (1)	General chronic disease (2)	Heart disease/ stroke (3)	Cancer (4)	Diabetes (5)	Injury (6)	Chronic obstructive pulmonary disease (7)	Arthritis (8)	Hyper- tension (9)	Cholesterol (10)	Tobacco (11)	Nutrition (12)	Alcohol (13)	Exercise (14)
Alabama	-	-	-	P	-	P	-	-	-	-	-	-	-
Alaska	-	-	-	P	P	-	-	-	-	P	P	L	-
Arizona	-	-	-	-	P	-	-	-	P	S	-	-	E
Arkansas	-	-	-	-	P	-	-	-	-	P	-	-	-
California	P	-	-	-	S	-	-	-	-	L	P	-	-
Colorado	-	P	S/P	S	P	-	-	-	-	P	-	L	P
Connecticut	-	P	P	-	-	-	-	P	P	S	L	L	P
Delaware	-	-	S	S	E	-	-	-	-	P	-	-	-
District of Columbia	-	P	P	-	-	-	-	-	-	-	-	-	-
Florida	-	-	L	L	P	-	-	-	L	-	-	-	-
Georgia	-	-	L	S	S/P	-	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-	P	-	-	-	-	-
Hawaii	-	-	P	P	-	-	-	P	P	P	-	-	L
Idaho	-	-	-	-	-	-	-	-	-	-	-	E	-
Illinois	-	-	L/P	P	P	-	-	L	-	P	P	-	-
Indiana	L	-	-	-	S	-	-	-	-	-	-	-	-
Iowa	-	-	-	-	L/S	-	-	-	-	S	P	-	-
Kansas	-	-	-	P	P	-	-	-	P	P	-	-	L
Kentucky	-	-	L	S	-	-	-	-	-	-	-	-	-
Louisiana	-	-	L/P	-	S	-	-	-	-	P	P	-	-
Maine	-	P	L	P	-	-	-	P	P	-	-	-	-
Maryland	-	L	S	P	P	-	-	L	L	-	-	-	-
Massachusetts	P	-	S	P	-	-	-	-	-	-	L	-	E
Michigan	L	L	L	L	L	L	L	L	P	S	S	-	E
Minnesota	S	-	-	P	P	-	-	-	P	-	-	-	-
Mississippi	-	-	-	P	P	-	-	P	-	P	P	E	-
Missouri	-	P	S	-	S	-	L	P	-	-	P	L	E
Montana	S	P	P	P	P	-	-	-	-	S	P	-	-
Nebraska	-	-	S	S	-	-	-	-	-	S	-	-	E
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	L	-	L	-	-	-	-	-	-	P	-	-	-
New Jersey	L	P	S	P	-	-	-	P	P	S	P	-	E
New Mexico	-	P	P	P	P/L	-	-	-	P	P	P	P	E
New York	-	-	L/S	S	E/S/P	-	-	-	-	E	E	-	-
North Carolina	-	-	L/P	S	E	-	-	-	-	-	-	-	L
North Dakota	-	-	P	P	P	-	-	-	-	P	-	L	-
Ohio	-	P	P	S	L	-	S	P	P	P	-	-	-
Oklahoma	-	S	S	P	S	-	-	-	-	P	P	-	-
Oregon	-	-	-	-	-	-	-	-	-	-	-	-	-
Pennsylvania	-	S	L	E	P	S	E	S	S	-	S	L	L
Rhode Island	S	L	S	S	S	-	-	-	-	-	-	E	E
South Carolina	-	-	S	-	-	-	-	-	-	-	-	-	-
South Dakota	-	P	P	S	P	-	-	P	P	P	-	-	P
Tennessee	-	-	-	S	L	-	-	-	S	E	-	E	E
Texas	-	-	P	L	-	-	-	-	P	-	-	-	-
Utah	-	-	P	P	S/P	-	-	-	P	P	-	-	-
Vermont	-	-	S	-	P	-	-	P	P	-	-	-	-
Virginia	-	P	L	-	P	-	-	P	P	P	P	L	L
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-
Washington	E	-	S	P	-	-	-	-	-	P	-	-	-
West Virginia	P	P	S	-	-	-	-	P	P	S	P	-	P
Wisconsin	-	-	-	-	L	-	-	-	-	P	-	-	-
Wyoming	P	-	-	-	-	-	-	-	-	-	-	-	-

Note: L = legislatively mandated; E = formed by executive order; S = appointed by the state health officer; P = appointed by a program

Source: ASTCDPD/PHF

TABLE 15. ADVISORY COMMITTEES THAT CONDUCT PLANNING, AS OF 10/31/90

States and territories (1)	General chronic disease (2)	Heart disease/ stroke (3)	Cancer (4)	Diabetes (5)	Injury (6)	Chronic obstructive pulmonary disease (7)	Arthritis (8)	Hyper- tension (9)	Cholesterol (10)	Tobacco (11)	Nutrition (12)	Alcohol (13)	Exercise (14)
TOTAL	10	15	31	31	31	3	4	13	17	29	18	9	14
Alabama	-	-	-	X	-	X	-	-	-	-	-	-	-
Alaska	-	-	-	X	X	-	-	-	-	X	X	X	-
Arizona	-	-	-	-	X	-	-	-	X	X	-	-	X
Arkansas	-	-	-	-	X	-	-	-	-	X	-	-	-
California	X	-	-	-	X	-	-	-	-	X	X	-	-
Colorado	-	X	X	X	X	-	-	-	-	X	-	X	X
Connecticut	-	X	X	-	-	-	-	X	X	X	X	X	X
Delaware	-	-	X	X	X	-	-	-	-	X	-	-	-
District of Columbia	-	X	X	-	-	-	-	-	-	-	-	-	-
Florida	-	-	X	X	X	-	-	-	X	-	-	-	-
Georgia	-	-	X	X	X	-	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-	X	-	-	-	-	-
Hawaii	-	-	X	X	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	-	-	X	X	X	-	-	X	-	X	X	-	-
Indiana	X	-	-	-	X	-	-	-	-	-	-	-	-
Iowa	-	-	-	-	X	-	-	-	-	X	X	-	-
Kansas	-	-	-	X	X	-	-	-	X	X	-	-	X
Kentucky	-	-	-	-	-	-	-	-	-	-	-	-	-
Louisiana	-	-	X	-	X	-	-	-	-	X	X	-	-
Maine	-	X	X	X	-	-	-	X	X	-	-	-	-
Maryland	-	X	X	X	X	-	-	X	X	-	-	-	-
Massachusetts	X	-	X	X	-	-	-	-	-	-	X	-	X
Michigan	X	X	X	X	X	X	X	X	X	X	X	-	X
Minnesota	X	-	-	X	-	-	-	-	-	-	-	-	-
Mississippi	-	-	-	X	X	-	-	X	-	X	X	X	-
Missouri	-	X	X	-	X	-	X	-	-	-	X	-	X
Montana	X	X	X	X	X	-	-	-	-	X	X	-	-
Nebraska	-	-	X	X	-	-	-	-	-	X	-	-	X
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	X	-	-	-	-	-	-	-	-	X	-	-	-
New Jersey	X	-	X	X	-	-	-	X	X	X	X	-	-
New Mexico	-	X	X	X	X	-	-	-	X	X	X	X	X
New York	-	-	X	X	X	-	-	-	-	X	X	-	-
North Carolina	-	-	X	X	X	-	-	-	-	-	-	-	X
North Dakota	-	-	X	X	X	-	-	-	-	X	-	X	-
Ohio	-	-	X	X	X	-	X	-	-	-	-	-	-
Oklahoma	-	X	X	X	X	-	-	-	-	X	X	-	-
Oregon	-	-	-	-	-	-	-	-	-	-	-	-	-
Pennsylvania	-	X	X	X	-	X	X	X	X	-	X	X	X
Rhode Island	X	X	X	X	X	-	-	-	-	-	-	X	X
South Carolina	-	-	X	-	-	-	-	-	-	-	-	-	-
South Dakota	-	X	X	X	X	-	-	X	X	X	-	-	X
Tennessee	-	-	-	X	X	-	-	-	X	X	-	X	X
Texas	-	-	-	X	-	-	-	-	X	X	-	-	-
Utah	-	-	X	X	X	-	-	-	X	X	-	-	-
Vermont	-	-	X	-	X	-	-	X	X	-	-	-	-
Virginia	-	X	-	-	X	-	-	X	X	X	X	-	-
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-
Washington	-	-	X	X	-	-	-	-	-	X	-	-	-
West Virginia	X	X	X	-	-	-	-	X	X	X	X	-	-
Wisconsin	-	-	-	-	X	-	-	-	-	X	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

TABLE 16. ADVISORY COMMITTEES THAT PROVIDE TECHNICAL ASSISTANCE, AS OF 10/31/90

States and territories (1)	General chronic disease (2)	Heart disease/ stroke (3)	Cancer (4)	Diabetes (5)	Injury (6)	Chronic obstructive pulmonary disease (7)	Arthritis (8)	Hyper-tension (9)	Cholesterol (10)	Tobacco (11)	Nutrition (12)	Alcohol (13)	Exercise (14)
TOTAL	8	14	31	29	26	2	2	13	15	22	14	7	9
Alabama	-	-	-	X	-	X	-	-	-	-	-	-	-
Alaska	-	-	-	X	X	-	-	-	-	-	X	X	-
Arizona	-	-	-	-	X	-	-	-	X	X	-	-	-
Arkansas	-	-	-	-	X	-	-	-	-	X	-	-	-
California	X	-	-	-	X	-	-	-	-	X	X	-	-
Colorado	-	X	X	X	X	-	-	-	-	X	-	-	-
Connecticut	-	X	X	-	-	-	-	X	X	X	X	X	X
Delaware	-	-	X	X	X	-	-	-	-	X	-	-	-
District of Columbia	-	X	X	-	-	-	-	-	-	-	-	-	-
Florida	-	-	X	X	X	-	-	-	-	-	-	-	-
Georgia	-	-	X	X	X	-	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-	X	-	-	-	-	-
Hawaii	-	-	X	X	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	-	-	X	X	X	-	-	X	-	X	-	-	-
Indiana	X	-	-	-	X	-	-	-	-	-	-	-	-
Iowa	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	X	X	-	-	-	X	X	-	-	-
Kentucky	-	-	X	X	-	-	-	-	-	-	-	-	-
Louisiana	-	-	X	-	X	-	-	-	-	X	X	-	-
Maine	-	X	X	X	-	-	-	X	X	-	-	-	-
Maryland	-	X	X	X	X	-	-	X	X	-	-	-	-
Massachusetts	X	-	X	X	-	-	-	-	-	-	X	-	X
Michigan	X	X	X	X	X	-	X	X	X	X	X	-	X
Minnesota	-	-	-	X	X	-	-	-	X	-	-	-	-
Mississippi	-	-	-	X	X	-	-	X	-	X	X	X	-
Missouri	-	X	-	-	-	-	-	X	-	-	X	-	-
Montana	X	X	X	X	X	-	-	-	-	X	X	-	-
Nebraska	-	-	X	X	-	-	-	-	-	X	-	-	X
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	X	-	X	X	-	-	-	X	X	X	X	-	-
New Mexico	-	X	X	X	X	-	-	-	X	X	X	X	X
New York	-	-	X	X	X	-	-	-	-	X	-	-	-
North Carolina	-	-	X	X	X	-	-	-	-	-	-	-	X
North Dakota	-	-	X	X	X	-	-	-	-	X	-	X	-
Ohio	-	X	X	X	X	-	X	X	X	X	-	-	-
Oklahoma	-	-	-	-	-	-	-	-	-	-	-	-	-
Oregon	-	-	-	-	-	-	-	-	-	-	-	-	-
Pennsylvania	-	X	X	X	X	X	-	X	X	-	X	X	X
Rhode Island	X	X	X	X	-	-	-	-	-	-	-	X	X
South Carolina	-	-	X	-	-	-	-	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	-	-	-	X	X	-	-	-	-	-	-	-	-
Texas	-	-	X	-	-	-	-	-	X	-	-	-	-
Utah	-	-	X	X	X	-	-	-	X	X	-	-	-
Vermont	-	-	X	-	-	-	-	-	-	-	-	-	-
Virginia	-	X	X	-	-	-	-	X	X	X	X	-	-
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-
Washington	-	-	X	X	-	-	-	-	-	X	-	-	-
West Virginia	X	X	X	-	-	-	-	X	X	X	X	-	X
Wisconsin	-	-	-	-	X	-	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

TABLE 17. ADVISORY COMMITTEES THAT CONDUCT EVALUATION, AS OF 10/31/90

States and territories (1)	General chronic disease (2)	Heart disease/ stroke (3)	Cancer (4)	Diabetes (5)	Injury (6)	Chronic obstructive pulmonary disease (7)	Arthritis (8)	Hyper-tension (9)	Cholesterol (10)	Tobacco (11)	Nutrition (12)	Alcohol (13)	Exercise (14)
TOTAL	6	12	24	22	18	1	3	7	8	14	8	7	9
Alabama	-	-	-	X	-	X	-	-	-	-	-	-	-
Alaska	-	-	-	-	X	-	-	-	-	-	-	X	-
Arizona	-	-	-	-	-	-	-	-	-	-	-	-	-
Arkansas	-	-	-	-	X	-	-	-	-	X	-	-	-
California	X	-	-	-	X	-	-	-	-	X	X	-	-
Colorado	-	X	X	X	-	-	-	-	-	-	-	-	-
Connecticut	-	X	X	-	-	-	-	X	X	X	-	X	X
Delaware	-	-	X	X	-	-	-	-	-	-	-	-	-
District of Columbia	-	X	X	-	-	-	-	-	-	-	-	-	-
Florida	-	-	X	X	X	-	-	-	-	-	-	-	-
Georgia	-	-	-	X	-	-	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	-	X	X	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-	-	-	-	-
Indiana	X	-	-	-	X	-	-	-	-	-	-	-	-
Iowa	-	-	-	-	X	-	-	-	-	-	-	-	-
Kansas	-	-	-	X	X	-	-	-	-	-	-	-	-
Kentucky	-	-	-	-	-	-	-	-	-	-	-	-	-
Louisiana	-	-	X	-	X	-	-	-	-	X	X	-	-
Maine	-	X	X	X	-	-	-	X	X	-	-	-	-
Maryland	-	-	X	X	X	-	-	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-	-	-	-	-	-	-	X
Michigan	X	X	X	X	X	-	X	X	X	X	X	-	-
Minnesota	-	-	-	X	-	-	-	-	X	-	-	-	-
Mississippi	-	-	-	-	X	-	-	-	-	X	X	X	-
Missouri	-	X	-	-	X	-	X	X	-	-	-	-	-
Montana	X	-	-	-	-	-	-	-	-	X	-	-	-
Nebraska	-	-	X	X	-	-	-	-	-	X	-	-	X
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	X	-	X	X	-	-	-	X	X	X	X	-	-
New Mexico	-	X	X	X	X	-	-	-	X	X	X	X	X
New York	-	-	-	-	X	-	-	-	-	-	-	-	-
North Carolina	-	-	X	-	-	-	-	-	-	-	-	-	X
North Dakota	-	-	X	X	X	-	-	-	-	X	-	X	-
Ohio	-	-	X	X	X	-	X	-	-	-	-	-	-
Oklahoma	-	X	X	X	-	-	-	-	-	X	X	-	-
Oregon	-	-	-	-	-	-	-	-	-	-	-	-	-
Pennsylvania	-	X	X	X	-	-	-	-	-	-	-	X	X
Rhode Island	X	X	-	-	-	-	-	-	-	-	-	X	X
South Carolina	-	-	X	-	-	-	-	-	-	-	-	-	-
South Dakota	-	X	X	X	X	-	-	X	X	X	-	-	X
Tennessee	-	-	-	X	-	-	-	-	-	-	-	-	-
Texas	-	-	-	-	-	-	-	-	-	-	-	-	-
Utah	-	-	X	X	-	-	-	-	-	-	-	-	-
Vermont	-	-	X	-	-	-	-	-	-	-	-	-	-
Virginia	-	-	X	-	-	-	-	-	-	-	-	-	-
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-
Washington	-	-	-	X	-	-	-	-	-	-	-	-	-
West Virginia	-	X	X	-	-	-	-	X	X	X	X	-	X
Wisconsin	-	-	-	-	X	-	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

TABLE 18. LEVEL OF NEED FOR CONTINUING EDUCATION OF STATE HEALTH AGENCY STAFF INVOLVED IN CHRONIC DISEASE ACTIVITIES, AS OF 10/31/90

States and territories (1)	Chronic disease epidemiology (2)	Program planning/ evaluation (3)	Community health promotion/ disease prevention (4)	Coalition building (5)	Leadership/ management training (6)	Public information marketing (7)	Advocacy (8)	Policy (9)	Community needs assessment (10)	The law and public health (11)	Economics and public health (12)	Grant writing (13)	Political science (14)	Developing culturally sensitive materials (15)	Other (16)
Number of States	48	50	45	45	42	48	39	35	46	34	37	46	24	45	11
Alabama	5	5	5	4	3	3	4	-	4	2	2	3	-	5	-
Alaska	5	4	4	4	4	5	5	4	4	4	4	4	3	3	-
Arizona	-	4	-	4	-	-	3	-	3	-	2	-	-	-	-
Arkansas	1	3	3	4	3	5	3	3	3	3	5	5	3	-	-
California	2	3	2	5	4	4	5	3	1	2	4	3	3	4	-
Colorado	4	4	3	2	4	5	4	3	4	2	2	2	2	4	4
Connecticut	5	5	4	4	4	2	3	3	4	3	3	3	-	4	-
Delaware	4	2	3	2	2	5	4	4	3	3	4	4	2	3	-
District of Columbia	5	5	5	5	5	5	4	5	4	3	1	3	1	5	-
Florida	4	5	5	-	3	3	4	4	5	3	3	4	-	5	-
Georgia	5	4	4	4	3	4	3	3	-	-	-	4	-	4	-
Guam	5	5	4	4	4	4	-	-	-	5	-	4	-	-	-
Hawaii	3	5	3	-	4	5	2	5	2	3	-	5	3	5	-
Idaho	5	4	3	3	-	3	4	4	3	2	4	3	-	2	-
Illinois	1	5	4	1	2	1	-	-	5	-	-	3	-	4	-
Indiana	4	3	3	3	3	3	5	5	3	5	5	4	4	5	-
Iowa	3	5	3	3	2	2	-	2	3	-	2	4	-	1	-
Kansas	5	4	4	3	3	3	3	3	5	2	2	5	2	3	-
Kentucky	5	5	3	2	3	2	2	2	3	3	3	4	2	3	-
Louisiana	5	2	4	3	2	5	3	2	4	2	1	1	1	4	-
Maine	4	4	3	4	5	4	5	4	3	-	-	4	-	4	4
Maryland	2	5	2	2	2	5	5	5	2	5	5	3	3	3	5
Massachusetts	3	4	2	-	-	3	1	2	-	-	2	4	-	4	-
Michigan	4	3	4	4	5	5	4	5	5	3	3	3	3	5	5
Minnesota	5	4	4	3	-	4	-	-	3	-	-	-	-	4	-
Mississippi	3	3	2	4	4	-	-	-	5	-	-	1	-	-	-
Missouri	5	3	5	5	3	4	3	3	4	2	1	4	1	4	-
Montana	5	3	-	4	2	4	4	3	2	2	2	4	-	3	-
Nebraska	2	3	2	5	2	5	1	1	3	1	1	3	1	3	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	4	3	3	-	3	-	-	-	-	-	-	4	-	-	5
New Jersey	2	4	-	2	-	5	-	3	3	2	5	-	-	2	5
New Mexico	4	5	4	5	5	5	3	5	5	3	5	5	3	3	4
New York	-	4	-	5	-	5	-	-	4	-	-	-	-	4	-
North Carolina	5	5	5	5	4	5	4	5	2	3	3	4	4	5	-
North Dakota	3	4	3	3	-	3	-	-	3	-	-	4	-	3	3
Ohio	3	3	3	4	5	5	2	3	2	2	3	4	3	4	-
Oklahoma	5	5	4	4	3	2	3	-	3	2	2	4	-	5	-
Oregon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pennsylvania	3	3	5	4	4	5	-	-	5	3	1	2	2	3	5
Rhode Island	4	5	4	4	4	5	4	5	4	-	-	4	-	4	-
South Carolina	3	5	5	5	4	4	3	3	5	3	3	3	3	5	-
South Dakota	4	5	4	4	4	5	4	3	5	2	3	5	4	5	5
Tennessee	4	5	4	4	2	2	3	-	3	-	-	2	-	3	-
Texas	4	5	3	4	4	3	4	-	4	-	3	4	-	4	-
Utah	4	4	5	2	3	4	3	4	4	2	3	4	2	4	-
Vermont	2	5	3	-	-	3	-	-	3	-	-	2	-	-	-
Virginia	3	3	3	4	3	4	4	5	3	-	-	3	-	4	-
Virgin Islands	5	5	4	3	3	3	2	3	4	1	4	3	2	5	-
Washington	4	3	3	3	2	5	-	-	4	-	4	2	-	5	-
West Virginia	3	3	-	-	-	5	4	-	-	4	4	3	-	5	5
Wisconsin	-	-	-	3	3	4	4	3	3	2	2	-	-	3	-
Wyoming	5	4	5	4	3	3	3	3	4	3	3	4	3	1	-

Note: 1 = lowest need; 5 = highest need; - = not needed
Source: ASTCDPD/PHF

TABLE 19. ACCESSIBILITY OF IN-STATE CONTINUING EDUCATION MOST NEEDED (RANKED AS 4 OR 5) BY STATE HEALTH AGENCY STAFF INVOLVED IN CHRONIC DISEASE ACTIVITIES, AS OF 10/31/90

States and territories (1)	Chronic disease epidemiology (2)	Program planning/ evaluation (3)	Community health promotion/ disease prevention (4)	Coalition building (5)	Leadership/ management training (6)	Public information marketing (7)	Advocacy (8)	Policy (9)	Community needs assessment (10)	Law and public health (11)	Economics and public health (12)	Grant writing (13)	Political science (14)	Developing culturally sensitive materials (15)	Other (16)
TOTAL	9	17	10	8	17	14	10	5	4	0	0	17	1	12	6
Alabama	X	-	-	-	-	-	X	-	-	-	-	-	-	X	-
Alaska	-	-	-	-	X	-	-	-	-	-	-	X	-	-	-
Arizona	-	X	-	-	-	-	-	-	-	-	-	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
California	-	-	-	-	X	-	-	-	-	-	-	-	-	-	-
Colorado	-	-	-	-	X	X	X	-	-	-	-	-	-	X	X
Connecticut	X	X	X	-	X	-	-	-	X	-	-	-	-	X	-
Delaware	-	-	-	-	-	X	X	X	-	-	-	X	-	-	-
District of Columbia	-	X	-	-	X	-	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	X	X	-	-	-	X	-	X	-
Georgia	-	X	X	-	-	-	-	-	-	-	-	X	-	X	-
Guam	-	X	-	-	X	X	-	-	-	-	-	X	-	-	-
Hawaii	-	X	-	-	X	X	-	-	-	-	-	-	-	X	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Indiana	-	-	-	-	-	-	-	-	-	-	-	X	-	-	-
Iowa	-	X	-	-	-	-	-	-	-	-	-	X	-	-	-
Kansas	-	X	-	-	-	-	-	-	-	-	-	-	-	-	-
Kentucky	-	-	-	-	-	-	-	-	-	-	-	X	-	-	-
Louisiana	X	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Maine	X	X	-	X	X	-	-	-	-	-	-	X	-	-	X
Maryland	-	X	-	-	-	-	-	-	-	-	-	-	-	-	-
Massachusetts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Michigan	X	-	-	-	X	-	X	X	-	-	-	-	-	-	-
Minnesota	X	X	X	-	-	X	-	-	-	-	-	-	-	X	-
Mississippi	-	-	-	X	X	-	-	-	X	-	-	-	-	-	-
Missouri	-	-	X	X	-	-	-	-	-	-	-	X	-	-	-
Montana	-	-	-	X	-	X	X	-	-	-	-	X	-	-	-
Nebraska	-	-	-	X	-	X	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X
New Mexico	-	X	X	-	X	-	-	-	-	-	-	X	-	-	X
New York	-	X	-	-	-	-	-	-	X	-	-	-	-	-	-
North Carolina	X	X	X	X	X	-	X	-	-	-	-	-	-	-	-
North Dakota	-	X	-	-	-	-	-	-	-	-	-	X	-	-	-
Ohio	-	-	-	-	X	X	-	-	-	-	-	X	-	X	-
Oklahoma	X	X	X	-	-	-	-	-	-	-	-	-	-	-	-
Oregon	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pennsylvania	-	-	X	-	X	X	-	-	-	-	-	-	-	-	X
Rhode Island	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
South Carolina	-	-	-	X	X	-	-	-	-	-	-	-	-	-	-
South Dakota	-	-	-	-	X	X	-	-	-	-	-	X	-	-	-
Tennessee	-	-	X	-	-	-	-	-	-	-	-	-	-	-	-
Texas	-	-	-	-	X	-	X	-	-	-	-	X	-	-	-
Utah	X	X	X	-	-	X	-	X	X	-	-	X	-	X	-
Vermont	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	X	-	X	X	X	-	-	-	-	-	X	-
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Washington	-	-	-	-	-	X	-	-	-	-	-	-	-	X	-
West Virginia	-	-	-	-	-	-	-	-	-	-	-	-	-	X	X
Wisconsin	-	-	-	-	-	X	X	-	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Source: ASTCDPD/PHF

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